MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02132

Reg. Diat. No. 235

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Pr. Geo. Co.
City or town Ritchie Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: Prince Geo. Co. Alms House
Stay in hospital or inst. (yrs., or mos., or days) 2 months 21 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Pr. Geo Co
City or town Mt. Ranier Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Betty Elizabeth Adams

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Hugh Adams.
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 4th 1872

8. AGE: Years	Months	Days	If less than one day
67	5	27	hrs. min.

9. Birthplace Stafford County Virginia (Town, county, and state)
10. Usual occupation Housework
11. Industry or business Factory
FATHER 12. Name Jonathan Joseph Thompson
13. Birthplace Virginia
MOTHER 14. Maiden name Margaret Grady
15. Birthplace Virginia
16. Informant Miss Agnes Durall
Address Upper Marlboro Md.
17. (Burial, cremation, or removal. Which?) Date thereof 2-5-40 (month) (day) (year)
Cemetery or crematory Cedar Hill Cemetery
Location Suitland, P G Co Md.
18. Funeral director W W Chapelle Co
Address Wash. D.C. 517-11-45E
19. 2-1-40 (Date rec'd by registrar) Thos O Leffell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 1st 1940, at 6:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 10 1939 to Feb 1 1940, and that I last saw h~~er~~ alive on Jan 30 1940.

Immediate cause of death	DURATION
Cerebral hemorrhage	9 days
Due to arteriosclerotic Cardio vascular renal disease	3 years (History)
Due to	
Other conditions Catarrhal gastro enteritis	2 weeks

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. Suit Ritchie M D M. D. or other
Address Rte 1 Benning Sta D.C. Date signed Feb 1 1940

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

CERTIFICATE OF DEATH

02133

Reg. Dist. No. 23

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Georges
City or town Upper Marlboro
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Prince Georges
City or town Upper Marlboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Adams

3. (b) Social Security Number 220-07-7508

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	married

8 (b) Name of husband or wife Georgianna Adams
6(c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) June 1883

8. AGE:

Years	Months	Days	If less than one day
56	8		hrs. min.

9. Birthplace Prince Georges
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name John Quincy Adams
13. Birthplace Prince Georges
MOTHER 14. Maiden name Rachel Biddle
15. Birthplace Prince Georges
16. Informant Georgianna Adams
Address Upper Marlboro
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 19 1940 (month) (day) (year)
Cemetery or crematory Prince Georges Co.
Location St Lukes Chapel
18. Funeral director J B Jones
Address Upper Marlboro
19. Feb 19 1940 (Date rec'd by registrar) Chas Smith Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15 1940, at 5:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1938 to Feb 15 1940 and that I last saw him alive on Feb 15 1940

	DURATION
Immediate cause of death Heart attack	1 hour
Due to Hypotension	3 yrs
Due to Nephritis	5 yrs
Other conditions Congestive Heart Failure	1 year

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide no Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) no
Means of injury none Injured at work?

23. SIGNATURE James F. Farmer M. D. or other
Address Upper Marlboro Date signed 2/18/40

RECEIVED
MAR 5 1940
BUREAU V. S.

02134

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E)

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH:

County Prince Georges

City or town Cheltenham

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Cheltenham Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War.

3. (a) FULL NAME James Addison

3. (b) Social Security Number none.

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 20, 1892

8. AGE: Years 47 Months 5 Days 2 If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

FATHER 12. Name William Addison

13. Birthplace Maryland.

MOTHER 14. Maiden name Harriett Brice

15. Birthplace Croome Md

16. Informant Harriett Addison

Address Cheltenham

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 26-40. (month) (day) (year)

Cemetery or crematory Gibbons Chapel.

Location Brandywine, Md.

18. Funeral director Ritchie Brothers

Address Upper Marlboro, Md.

19. 2/23 1940 F.H. Billingsley

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1940, at 5:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Pulmonary edema

Due to Intra cranial hemorrhage

Due to Cardio vascular renal disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy as above

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John E. Bowers M. D. or other

Address Brandywine, Md. Date signed 2/23/40

"Over."

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

autopsied by James J. Boyd.
Forestville, Md.

CEIVED
MAR 2 1948
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02135

Reg. Dist. No. 286

1. PLACE OF DEATH:
County: Prince Georges
City or town: Mt Rainier Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 3518 Perry St. Mt Rainier Md.
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): 34 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince Georges
City or town: Mt Rainier Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 3518 Perry St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Mrs Edith Pearl Anderson

3. (b) Social Security Number: none

4. Sex: F
5. Color or race: wh
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Oscar P. Anderson
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Sept. 15, 1883

8. AGE: Years 56 | Months 5 | Days 8 | If less than one day ____ hrs. ____ min.

9. Birthplace: Toledo Ohio
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Own home
FATHER
12. Name: Diego M. Smith
13. Birthplace: unk.
MOTHER
14. Maiden name: Amelia Brown
15. Birthplace: unk.
16. Informant: Oscar P. Anderson
Address: 3518 Perry St, Mt. Rainier
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 26, 1940 (month) (day) (year)
Cemetery or crematory: Ft. Lincoln
Location: Bladensburg, Md.
18. Funeral director: W. W. Chambers Co.
Address: Riverdale Md.
19. Feb 23 1940 (Date rec'd by registrar) Harry Valley M D Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 23, 1940, at 3:10 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 22 1940, to Feb 23 1940, and that I last saw her alive on Feb 23 1940.

	DURATION
Immediate cause of death: Acute cardiac decompensation	1/2 hr
Due to: Metastatic Carcinoma (Generalized)	1½ yrs
Due to:	
Other conditions: Malnutrition	6 mos.

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Deep X ray treatment & Radium to Vulva Emergency Hosp. Sept 1938
Of autopsy: no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work? ____

23. SIGNATURE: Maurice D. Rosenberger M.D. M. D. or other
3629 - 34th St
Address: Mt Rainier Md Date signed: 2/23/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MAR 5 1948
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02136

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (131-C)

County Prince Georges — Registration Dist. No. 242

Village or City Seat Pleasant Md. — No. 37 Chapel road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. mos. ds. — How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Calvin Ezra Arnold — If U. S. Veteran, specify WAR

(a) Residence: No. 37 Chapel road Seat Pleasant, Md. (Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Alta Celinda Sigler

6. DATE OF BIRTH (month, day, and year): March 3d, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	10	14 hrs. 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Farming. Retired.

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Frederick Co. md / Burkittsville md.

FATHER

13. NAME: Ezra Arnold

14. BIRTHPLACE (city or town) (State or country): Frederick Co. md.

MOTHER

15. MAIDEN NAME: Louisa Boyer

16. BIRTHPLACE (city or town) (State or country): Frederick Co. md.

17. INFORMANT (Address): Mrs Amy Updike Arnold 37 Chapel road Seat Pleasant Md

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Trinity — Date Feb 15, 1940

19. UNDERTAKER (Address): Clarence Gareare Mitchellville md

20. FILED 2-16, 1940 — Irene A. Conner, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feby. 14th (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feby, 1932, to Feby, 14th, 1940

I last saw him alive on Feby 13 1940; death is said to have occurred on the date stated above, at 12 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart disease	1937
Other Contributory Causes of Importance: Chronic Interstitial Nephritis	1939

Name of operation — Date of

What test confirmed diagnosis? Autopsy — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Natura of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. Stoddard Lockard M. D.

(Address) P.O. Seat Pleasant, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED MAR 5 1940 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93rd)

CERTIFICATE OF DEATH

02137

Reg. Dist. No. 223

1. PLACE OF DEATH:
County Prince George
City or town Takoma Park.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince George
City or town Takoma Park Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 260 - Ethan Allan Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Georgia Anna Ashford
3. (b) Social Security Number none.

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Joseph F. Ashford.
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 22 - 1858
8. AGE: Years 81 Months 4 Days 20 If less than one day hrs. min.
9. Birthplace Wilmington, Delaware (Town, county, and state)
10. Usual occupation None
11. Industry or business
FATHER 12. Name George E. Grimes
13. Birthplace Unknown
MOTHER 14. Maiden name Susan ?
15. Birthplace Unknown
16. Informant Bertha M. Bromwell
Address 1512 - Van Buren St. N.W.
17. Removal (Burial, cremation, or removal. Which?) Date thereof 2-12-1940 (month) (day) (year)
Cemetery or crematory
Location Washington, D.C.
18. Funeral director The S. H. Hines Co
Address 2901 - 14th St. N.W.
19. Feb 12 1940 (Date rec'd by registrar) J. Nelson Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 12 1940, at 2:30 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 23 1940, to February 1940, and that I last saw her alive on February 10 1940.
Immediate cause of death Arteriosclerosis — DURATION 2 years
Due to
Due to
Other conditions Chronic Myocarditis 6 months
Acute Bronchitis 2 weeks
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Cate of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. H. Howlett M.D. M. D. or other
Address 928 Sligo Ave. Silver Spring Md Date signed Feb 12 1940.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02138

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Pro Georges Co

City or town Hyattsville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 18 Hyatts ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Pro Geo Co

City or town Hyattsville Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 18 Hyatt ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Emily Bagot

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife James Henry Bagot

6(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Nov 5, 1873

8. AGE:

Years	Months	Days	If less than one day
66 yrs	3	29	hrs. min.

9. Birthplace England (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Thomas H Mason

13. Birthplace England

MOTHER 14. Maiden name Emma Hartley

15. Birthplace England

18. Informant James H. Bagot (husband)

Address Hyattsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 6, 1940 (month) (day) (year)

Cemetery or crematory Fort Lincoln Cemetery

Location near Washington D.C.

18. Funeral director E Gaskins sons

Address Hyattsville Md

19. Feby 5 1940 (Date rec'd by registrar) Mrs. Jas. Severe Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4, 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 10 1939 to Feb 4 1940, and that I last saw h alive on Feb 4, 1940 1940.

Immediate cause of death	DURATION
Pulmonary Edema	12 hrs
Due to Myocardial insufficiency	
Due to	
Other conditions Coronary Artery Disease	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE D. Waitz M.D.

Address Hyattsville Md M. D. or other

Date signed 2-4-40

RECEIVED
FEB 17 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (92-E)

02139

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
County Prince Geo County
City or town Lanham Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Prince Geo Co.
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Barber

3. (b) Social Security Number

4. Sex M
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Widower
6 (b) Name of husband or wife Katie Barber
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feby 5 1940
8. AGE: Years 83 Months 1856 Oct 3 Days 20 15 If less than one day hrs. min.
9. Birthplace Kent Island Kent Co Md
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name William Barber
13. Birthplace Kent Co Md
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown
16. Informant Beulah Young (Daughter)
Address Lanham Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 2. 8. 40 (month) (day) (year)
Cemetery or crematory Ebenezer Cemetery
Location Lanham Md
18. Funeral director J B Johnson
Address Annapolis
19. Feb. 7 1940 (Date rec'd by registrar) Mrs. John W. Howser D.L. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 5 1940, at 12 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jany 29 1940, to Feby 5 1940, and that I last saw him alive on Feby 4 1940.

Immediate cause of death Mitral Stenosis — DURATION 7 days
Due to
Due to
Other conditions Senile Debility — 6 Months
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Dr Ambrose Garcia M. D. or other
Address 35 Northwest St Annapolis Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 25 1940
BUREAU V. S.

02140

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (93d)

County Prince Georges Registration Dist. No. 233

Village or City Naylor No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Ellen Beall If U. S. Veteran, specify WAR ...

(a) Residence: No. ... St., ... Ward. ...

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Clinton Beall

6. DATE OF BIRTH (month, day, and year) Oct 3-1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ...

10. Date deceased last worked at this occupation (month and year) 1939 | 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Prince Geo. Co., Md

FATHER

13. NAME Benjamin Beall

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emily Beall

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Odell Beall (Address) Naylor Md

18. BURIAL, CREMATION, OR REMOVAL Place Croom Md. Date 2/15, 1940

19. UNDERTAKER Tilghman Brothers (Address) Upper Marlboro, Md.

20. FILED Feb 13, 1940 James B. Naylor Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February 12 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1940, to Feby 11, 1940

I last saw her alive on Feby 11, 1940, death is said to have occurred on the date stated above, at 9,35 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Pulmonary Edema	
Other Contributory Causes of Importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) William A. Gladhill M. D.

(Address) Croom Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02141

Reg. Dist. No. 243

1. PLACE OF DEATH:
County Prince George
City or town Glenn Dale Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 3 mos 19 days
Stay in this community (yrs., or mos., or days) 3 mos 19 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D.C. County
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2728 Georgia Ave N.W. (If rural, give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME James Bell

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife (Single) widower
Margaret Bell 6(c) If alive, give age deceased

7. Birth date of deceased (mo., day, yr.) July 27 - 1887

8. AGE: Years 52 | Months 6 | Days 18 | If less than one day ____ hrs. ____ min.

9. Birthplace Charles Co. Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Sidney Bell
13. Birthplace

MOTHER 14. Maiden name Sarah Gibson
15. Birthplace

16. Informant Deceased
Address 2728 Georgia Ave N.W.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2 - 18 - 40 (month) (day) (year)
Cemetery or crematory Mt Olivet
Location Bladensburg Rd. D.C.

18. Funeral director Robert G. McGuire
Address 1820 - 9th St N.W.

19. 2/16/1940 (Date rec'd by registrar) Leo V. Kinsella M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 15th 1940, at 7:10 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov 27th 1939 to Feby 15th 1940 and that I last saw h alive on Feby 15th 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	1 yr 2 mos
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pulmonary Tuberculosis

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Daniel Leo Finucane M.D. M. D. or other
Address Glenn Dale Sanatorium Date signed 2/15/40
Glenn Dale, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1312)

02142

CERTIFICATE OF DEATH

Reg. Dist. No. 235

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town Forestville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary R Bembray

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	C	Married

6 (b) Name of husband or wife Jacob Bembray

6(c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.) March 17, 1879

8. AGE:

Years	Months	Days	If less than one day
60	10	22	hrs. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER 12. Name Samuel Hall

FATHER 13. Birthplace Va

MOTHER 14. Maiden name ✓

MOTHER 15. Birthplace ✓

16. Informant Jacob Bembry

Address Forestville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-9-1940 (month) (day) (year)

Cemetery or crematory

Location Washington D. C.

18. Funeral director

Address Mahan & Sibley 424 R St N.W.

19. 2-9- 1940 (Date rec'd by registrar) Thos. S. Griffith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 1940, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 7 1940, to Feb 9 1940, and that I last saw h alive on Feb 7 1940.

	DURATION
Immediate cause of death Uremia	
Due to Cardio vascular renal disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James J. Boyd M. D. or other

Address Forestville Md Date signed 2-9-40

RECEIVED
MAR 8 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-E)

CERTIFICATE OF DEATH

(12143)

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince Georges

City or town: Hyattsville WITHIN CORPORATE

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 7 Phillips St.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 12 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn Infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Hyattsville Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 7 Phillips St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Kate Bradley.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fe	White	Widowed.

6 (b) Name of husband or wife: William Bradley.

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 13, 1858

8. AGE: Years	Months	Days	If less than one day
82	-	6	hrs. min.

9. Birthplace: N. Carolina - Mc Dowell County

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER — 12. Name: Burton Metcalf.

FATHER — 13. Birthplace: ?

MOTHER — 14. Maiden name: ?

MOTHER — 15. Birthplace:

16. Informant: Mr. J. W. ~~Phillips~~ Bradley.

Address: 7 Phillips St. Hyattsville Md

17. Transportation (Burial, cremation, or removal. Which?) Date thereof Feb 19, 1940. (month) (day) (year)

Cemetery or crematory: Mars-Hill North Carolina

Location: North Carolina

18. Funeral director: F Gaschi sons

Address: Hyattsville Md

19. Feby 20 1940 (Date rec'd by registrar) Mrs. Jas. Devore Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 19 1940, at 10 00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 16 1941, to Feb 19 1940, and that I last saw her alive on Feb 19 1940.

Immediate cause of death	DURATION
Cerebral Thrombosis	4 days
Due to General Arteriosclerosis	? Years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations:

Dt autopsy: None performed.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Lawrence W. Malin M.D. M. D. or other

Address: Riverdale, Md Date signed Feb 19, 1940.

02144

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(107)

CERTIFICATE OF DEATH

Reg. Dist. No. 238

1. PLACE OF DEATH:

County pr Yeo. Co.

City or town Fort Foote

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County pr Yeo Co.

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William J. Brooke

3. (b) Social Security Number

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Single

8 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20 - 1867

8. AGE: Years 72 | Months 6 | Days 26 | If less than one day hrs. min.

9. Birthplace Fort Foote, Maryland (Town, county, and state)

10. Usual occupation

11. Industry or business retired Trucker

FATHER

12. Name Agustina D. Brooke

13. Birthplace Charles Co. Md.

MOTHER

14. Maiden name Margaret A. French

15. Birthplace Piscataway, Maryland.

16. Informant Mr Milton B. Brooke

Address Fort Foote Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 19-40 (month) (day) (year)

Cemetery or crematory St Ignatius

Location Oxon Hill Maryland.

18. Funeral director Thomas F. Murray

Address 2107 - Nichols ave S.E.

19. 2/17 1940 Harvey E. Lyles (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16 1940, at 8:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1938, to Feb 16 1940, and that I last saw him alive on Feb 16 1940.

Immediate cause of death Bronchopneumonia

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. S. Schwartzman M. D. or other

Address 2015 Nichols ave Date signed 2-17-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02145

1. PLACE OF DEATH (131-a)

County Prince George Registration Dist. No. 231

Village or City Brentwood Sanatorium No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Broas, John Mulhkin (Broas) If U. S. Veteran, specify WAR

(a) Residence: No. 636 Mass. Ave. N.E. Wash St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Belle Northern Broas

6. DATE OF BIRTH (month, day, and year): Sept 25, 1866

7. AGE: 74 Years | Months: 5 | Days: 7 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Printer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Gov. Printing Office

10. Date deceased last worked at this occupation (month and year): 1893

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ellenville New York

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: Jane Mulhkin

16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT (Address): Belle Northern Broas 636 Mass. Ave. N.E. Wash.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL

Place: Washington DC Date: Feb. 12, 1940

19. UNDERTAKER (Address): J. William Lee's Sons 300 - 4th St. Wash. DC

20. FILED: Feb. 12, 1940 F. Mc Yoyle Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 12 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 2-10, 1940, to 2-12, 1940

I last saw him alive on 2-11, 1940; death is said to have occurred on the date stated above, at 7:50 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	

Other Contributory Causes of importance:

Cardio-renal disease
Cerebral arteriosclerosis
General arteriosclerosis

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) Raymond K. Hofwell M. D.

(Address) 3916 R.I. Ave Brentwood Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (10)

CERTIFICATE OF DEATH

02146

Reg. Dist. No. 239

1. PLACE OF DEATH:
County: Prince George
City or town: Ammendale Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Normal Institute
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 20 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Prince Geo.
City or town: Ammendale Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME Augustin Brown

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 12, 1860

8. AGE:

Years	Months	Days	If less than one day
79	11		hrs. min.

9. Birthplace: Jamaica L.I.
(Town, county, and state)

10. Usual occupation: Teaching

11. Industry or business:

FATHER
12. Name: Henry
13. Birthplace: New York City

MOTHER
14. Maiden name: Rosalia Wallis
15. Birthplace: New York City

16. Informant: Brother M. Cyril
Address: Normal Institute Ammendale Md

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory: Ammendale
Location: " Md

18. Funeral director: Kaiser
Address: Laurel, Md.

19. February 15 1940 (Date rec'd by registrar) Cora E. Wachter, Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 12 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 8 1940 to Feb 12 1940, and that I last saw him alive on Feb 12 1940.

	DURATION
Immediate cause of death: Lobar Pneumonia	2 days
Due to: Acute Carditis	2-12-40
Due to: Dilatation	
Other conditions: Cerebral Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: B Adams M. D. or other
Address: Laurel Md. Date signed: Feb 13, 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

(B) 02147

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Pro Georges
City or town: Bladinsburg md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Balto Blvd
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Washington D.C. County:
City or town: 1847 Monroe st N.W. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Washington st.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: James W. Brown

3. (b) Social Security Number: 213-12-1310

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife: May F Brown
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb 22, 1875

8. AGE: Years	Months	Days	If less than one day
64 yrs	—	—	hrs. min.

9. Birthplace: Washington D.C.
(Town, county, and state)
10. Usual occupation: Mng - Owner
11. Industry or business: Little Pig Barbecue
FATHER 12. Name: John Brown
13. Birthplace: Trenton N. J.
MOTHER 14. Maiden name: Annie Morkon
15. Birthplace: Ireland
16. Informant: Mrs May F Brown
Address: 1847 Monroe st. Washington D.C.
17. removal (Burial, cremation, or removal. Which?) Date thereof Feb 29, 1940 (month) (day) (year)
Cemetery or crematory:
Location: Removal to Washington D.C
18. Funeral director: F. Gasch's sons
Address: Hyattsville Maryland
19. Feb. 29 1940 (Date rec'd by registrar) F Wm Norgle LOCAL Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 29 1940, at 11 20 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb 29 1940, to Feb 29 1940, and that I last saw him alive on Feb 29 1940

Immediate cause of death	DURATION
Coronary Thrombosis	2 hrs.
Due to Coronary Sclerosis.	3 yrs ?
Due to	
Other conditions: Myocarditis Chr	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Martin Keane M. D. or other
Address: Riverdale Md Date signed 2/29/40

RECEIVED
MAR 5 1940
BUREAU V. S.

02148

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince George

City or town Edmonston
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 9 - Charles Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State 2-7-40 County Prince George

City or town Edmonston Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 9 - Charles
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME William Adam Buchheit Sr.

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Myrtle E. Buchheit

6(c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.): April 16, 1892

8. AGE: Years 47 | Months 9 | Days 21 | If less than one day ____ hrs. ____ min.

9. Birthplace: Baltimore Md
(Town, county, and state)

10. Usual occupation: Welder

11. Industry or business

FATHER
12. Name: John Paul Buchheit
13. Birthplace: Baltimore Md

MOTHER
14. Maiden name: Carry Bolander
15. Birthplace: Baltimore Md

16. Informant: Myrtle Buchheit
Address: 9 - Charles Street Baltimore Md

17. Removal (Burial, cremation, or removal. Which?) Date thereof 2-7-40 (month) (day) (year)

Cemetery or crematory: Washington D.C.

Location

18. Funeral director: Geo W Wise Co.
Address: 2900 M st N.W. Wash. D.C.

19. Feb. 7th 1940 (Date rec'd by registrar) Mrs Jas. Severe Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 7 1940, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Coronary occlusion

Due to: Myocardosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: James L Boyd M. D. or other
Address: Forestville Md Date signed 2-7-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

STATE OF MARYLAND—CERTIFICATE OF DEATH

02149

1. PLACE OF DEATH (93d)

County Prince George Co. Registration Dist. No. 240

Village or City Clinton, Md. No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Maggie Harley Butler If U. S. Veteran, specify WAR .....

(a) Residence: No. Clinton, Md. St., ... Ward. ..... If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. COLOR OR RACE: negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ William Alexander Butler

6. DATE OF BIRTH (month, day, and year) March 25 1875

7. AGE: Years 64 | Months 10 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. at home

10. Date deceased last worked at this occupation (month and year) Jan 1940

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Prince George Co Maryland

FATHER

13. NAME Richard Harley

14. BIRTHPLACE (city or town) (State or country) Prince George Co Maryland

MOTHER

15. MAIDEN NAME Rosana Harley

16. BIRTHPLACE (city or town) (State or country) Prince George Co Maryland

17. INFORMANT (Address) Elizabeth Proctor Brandewine Md.

18. BURIAL, CREMATION, OR REMOVAL Place Clinton Md Date Feb 13, 1940

19. UNDERTAKER (Address) Hunt & Ryon Waldorf Md

20. FILED 2/11, 1940 F. H. Billingsley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 10 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1940, to Feb 10, 1940

I last saw her alive on Feb 9, 1940; death is said to have occurred on the date stated above, at 8 40 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Asthmatic	
Bronchitis	2/1/40
Probably following	
Influenza	

Other Contributory Causes of importance:

Chronic Myocarditis	unknown
General Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following: no

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Paul C. Van Natta M. D.

(Address) Bennings D.C. R#1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 2 1940 U. S. BUREAU

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

02150

STATE OF MARYLAND—CERTIFICATE OF DEATH

(97)

1. PLACE OF DEATH

County P. Geo Registration Dist. No. 336

Village or City near Mitchellville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Butler

(a) Residence: No. near Mitchellville St., Ward

(Usual place of abode) If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end year) Aug. 9 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mitchellville (State or country) Md.

FATHER

13. NAME William Butler

14. BIRTHPLACE (city or town) Va. (State or country)

MOTHER

15. MAIDEN NAME Rebeca Crandall

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Clarence E. Lancaster (Address) Mitchellville Md

18. BURIAL, CREMATION, OR REMOVAL Place White Marsh MD Date Feb 7, 1940

19. UNDERTAKER Clarence Forcace (Address) Mitchellville Md

20. FILED Feb 7, 1940 Effie B Pumphrey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 4 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from January 27, 1940 to February 4, 1940

I last saw h[illegible] alive on February 2, 1940; death is said to have occurred on the date stated above, at 3:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Gen,	
Gangrene of left foot	Gangrene 1-31-40
Other Contributary Causes of Importance:	

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. E. Lancaster M. D.

(Address) Bowie Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

02151

CERTIFICATE OF DEATH

Reg. Dist. No. 235

1. PLACE OF DEATH:
County Prince George
City or town Forestville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or Institution:
Stay in hospital or Inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince George
City or town Forestville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Marlboro Pike
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Russell Coale

3. (b) Social Security Number 218-03-9240

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Lena M Coale
6(c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) Feb 21, 1906

8. AGE:

Years	Months	Days	If less than one day
34	0	3	hrs. min.

9. Birthplace Croome (Town, county, and state)
10. Usual occupation Unemployed
11. Industry or business

FATHER
12. Name Samuel G. Coale
13. Birthplace Maryland

MOTHER
14. Maiden name Sarah J Sweeney
15. Birthplace Maryland

16. Informant Mrs Rose Sansbury
Address Forestville Md

17. (Burial, cremation, or removal, Which?) Date thereof Feb 24, 1940 (month) (day) (year)
Cemetery or crematory Burial
Location Mt Lebanon Upper Marlboro
18. Funeral director Ritchie Bros
Address Upper Marlboro Md

19. 2-26-1940 (Date rec'd by registrar) Thos. D. Griffith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 24 1940 at 3:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Acute Congestive Heart Failure	
Due to myocardosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Ot operations
Ot autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James J. Boyd M. D., or other
Address Forestville Md Date signed 2-26-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

CEIVED
MAR 6 1940
U. S.

02152

STATE OF MARYLAND—CERTIFICATE OF DEATH

(118)

1. PLACE OF DEATH

County Prince Georges Registration Dist. No. 232

Village or City Croome No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susan Coates If U. S. Veteran, specify WAR .....

(a) Residence: No. Croom St., ... Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Isaac Coates

6. DATE OF BIRTH (month, day, and year): April 1878

7. AGE: Years 61 Months 10 Days ..... If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Prince Georges

FATHER

13. NAME: Major Coates

14. BIRTHPLACE (city or town) (State or country): Prince Georges

MOTHER

15. MAIDEN NAME: Susan Coates

16. BIRTHPLACE (city or town) (State or country): Prince Georges

17. INFORMANT: Amil Coates

(Address) 520 Eastern Ave. N.E. Wash

18. BURIAL, CREMATION, OR REMOVAL

Place Croom Date Feb. 23, 1940

19. UNDERTAKER: J. B. Johnson

(Address) Annapolis

20. FILED Feb 23, 1940 Rud Smith Deal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 18 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1940, to Feb. 18, 1940

I last saw her alive on Feb. 18, 1940; death is said to have occurred on the date stated above, at 7:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute gastritis	

Other Contributary Causes of importance:

Old age

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) William H. Gibbons M. D.

(Address) Croom, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

MAR 2 1928

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164-C)

02153

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
County Prince Georges
City or town Oakland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 Y

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Prince Georges
City or town Oakland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas William Collins

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Mable C Collins
6(c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Oct 16, 1903

8. AGE: Years 36 | Months 4 | Days 9 | If less than one day ____ hrs. ____ min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual occupation Plumber

11. Industry or business

FATHER
12. Name Thomas William Collins
13. Birthplace Massachusetts

MOTHER
14. Maiden name Mable Price
15. Birthplace Washington D.C.

16. Informant Gladys McLaughlin
Address Oakland Prince Geo Co Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 28 1940 (month) (day) (year)
Cemetery or crematory Arlington Nat'l Cemetery
Location Arlington, Va.

18. Funeral director W. W. Chambers Co.
Address Riverdale Maryland

19. 2-26-1940 (Date rec'd by registrar) Irene G. Conner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25 1940, at 6 45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Hemorrhage and shock	
Due to gunshot wound Gun head.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Suicide Date of 2-25-40
Where did injury occur? Oakland Prince Geo Co Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) home
Means of Injury Gunshot Injured at work? no

23. SIGNATURE James D. Boyd M. D. or other
Address Forestville Md Date signed 2-25-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 15 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02154

1. PLACE OF DEATH 161c

County Pr. Geos. Registration Dist. No. 237

Village or City Aquasco No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME ~~[illegible]~~ Sidney Millman Coutee If U. S. Veteran, specify WAR

(a) Residence: No. Aquasco Md St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 18, 1940

7. AGE Years Months Days Tenn If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Aquasco Md

FATHER
13. NAME Sidney Coutee
14. BIRTHPLACE (city or town) (State or country) Aquasco Md

MOTHER
15. MAIDEN NAME Lula Brown
16. BIRTHPLACE (city or town) (State or country) Aquasco Md

17. INFORMANT (Address) Sidney Coutee

18. BURIAL, CREMATION, OR REMOVAL
Place Aquasco Md Date Feb. 22, 1940

19. UNDERTAKER (Address) A. J. Grimes Aquasco Md

20. FILED Feb 22nd, 1940 Henry B. Coutee
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 22 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1940, to Feb 21st, 1940

I last saw him alive on Feb 21, 1940; death is said to have occurred on the date stated above, at 2 a. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Umbilical Hemorrhage	

Other **Contributory Causes** of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. M. Bourne M. D.

(Address) Aquasco Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
MAR 5 1928
U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

02155

CERTIFICATE OF DEATH

Reg. Dist. No. 235

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Pr. Geo Co
City or town: Ritchie Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Pr Geo Co. Alms House
Stay in hospital or inst. (yrs., or mos., or days): 5 yrs 5 mths
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Pr. Geo Co
City or town: Hyattsville Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Sadie Elizabeth Currey

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife: Thomas Currey
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years	Months	Days	If less than one day
Unknown	(about 70 years)		hrs. min.

9. Birthplace: Westmoreland Co Virginia
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: own home
FATHER 12. Name: Richard Ashton
13. Birthplace: Westmoreland Co Va
MOTHER 14. Maiden name: Lucy —
15. Birthplace: Westmoreland Co Va
16. Informant: Sadie Elizabeth Currey
Address: Deceased
17. Burial (Burial, cremation, or removal—Which?) Date thereof: Feb 10 1940 (month) (day) (year)
Cemetery or crematory: Paynes Cem
Location: Washington D.C.
18. Funeral director: J. B. Johnson
Address: Hyattsville Md
19. 2-6 (Date rec'd by registrar) 1940 Registrar: Thos O Duffield

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 6 1940 at 3:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 16 1934 to Feb 6 1940, and that I last saw her alive on Feb 4 1940

Immediate cause of death	DURATION
Exhaustion	1 mth
Due to: Cerebral Hemorrhage (Paraplegia)	9 yrs
Due to: arterioschlerosis	9 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: W Smit Ritchie MD
M. D. or other
Address: Rte 1 Benning Sta Date signed: D.C.

RECEIVED
MAR 8 1940
BUREAU V. S.

02156

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55-R)

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County: Pro Georges

City or town: Brentwood Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 4323 Holliday st

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 30 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Pro Georges Co

City or town: Brentwood Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 4323 Holliday st

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME: Catherine Eva Harney

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Geo F Harney

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Nov 21, 1881

8. AGE: Years: 58 yrs | Months: 3 | Days: 3 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: at home

FATHER

12. Name: John Fred schollier

13. Birthplace: Md

MOTHER

14. Maiden name: Catherine Eva Haber

15. Birthplace: Baltimore Md

16. Informant: Miss Catherine Eva Harney

Address: 4323 Holliday st - Brentwood Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 27 1940 (month) (day) (year)

Cemetery or crematory: Arlington National Cemetery

Location: Arlington Va

18. Funeral director: F Gasch's sons

Address: Hyattsville Md

19. Feb. 26 1940 (Date rec'd by registrar) F Mrs Nongle LOCAL Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 24, 1940 19 6:08, at P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1939, to Feb. 24 1940, and that I last saw her alive on Feb. 24, 1940 19

Immediate cause of death: Adenocarcinoma of Cervical glands

DURATION: 2 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: A. Deitz M.D. M. D. or other

Address: Hyattsville, Md Date signed 2-26-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MAR 2 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02157

Reg. Dist. No. 2

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 13 days

Stay in this community (yrs., or mos., or days): 13 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1621 T St. S.E.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Lillian Mae Denton

3. (b) Social Security Number: NJ

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Sept. 6, 1935

8. AGE: Years: 4 Months: 5 Days: 3 If less than one day: hrs. min.

9. Birthplace: Washington, D.C.
(Town, county, and state)

10. Usual occupation: none

11. Industry or business: none

FATHER
12. Name: Talmadge Denton
13. Birthplace: Zeblon, North Carolina

MOTHER
14. Maiden name: Edna Thompson
15. Birthplace: Washington, D.C.

16. Informant: Talmadge Denton
Address: 1621 T St. S.E. Washington, D.C.

17. ~~Burial~~ Removal Date thereof: Feb 10, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: 517 11 St S.E.

Location: Washington D.C.

18. Funeral director: W. W. Chambers
Address: 517 11 Street S.E. Wash, D.C.

19. Feb 10th 1940 Le V. McMeeder M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 9, 1940, at 11:45 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 26 1940, to Feb. 9 1940, and that I last saw her alive on Feb. 9, 1940.

Immediate cause of death: Tuberculous mediastinitis — DURATION: Indefinite

Due to:

Due to:

Other conditions: Atelectasis
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: Daniel Leo Finucane M.D.
M. D. or other

Address: Glenn Dale Sanatorium Date signed: 2/9/40

Glenn Dale, Md.

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (167)

CERTIFICATE OF DEATH

012158

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Georges
City or town Riverdale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 511 Maryland Ave.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Riverdale Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 511 Maryland Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alice De Perini

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Joseph O. DePerini
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May April 15, 1897

8. AGE: Years	Months	Days	If less than one day
48	10	5	hrs. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Geo Edward Keppler
13. Birthplace Va
MOTHER 14. Maiden name Georgiana Weeks
15. Birthplace Va
16. Informant Elizabeth M. Webster
Address Camp Springs Md.
17. Burial (Burial, cremation, or removal Which?) Date thereof Feb 23, 1940 (month) (day) (year)
Cemetery or crematory Cedar Hill Cemetery
Location Suitland Md.
18. Funeral director F Gasch's Sons
Address Hyattsville Md.
19. Feby 23 19 40 Mrs Jas. Severa (Date rec'd by registrar) Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 1940, at 2:00 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19

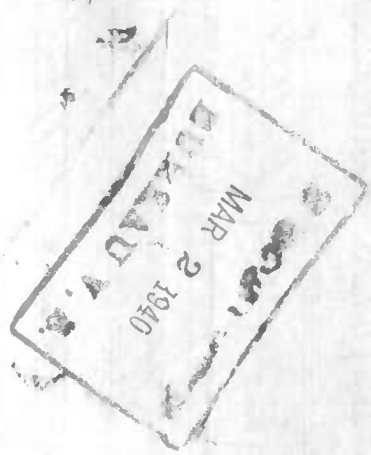
Immediate cause of death	DURATION
Hemorrhage & shock	
Due to Severance of Carotid artery	
Due to Stab wound in neck.	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide homocide Date of 2-20-40
Where did injury occur? Riverdale Pr Geo Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) home
Means of injury Stab wound Injured at work? —

23. SIGNATURE James J. Boyd M. D. or other
Address Forestville Md. Date signed 2-20-40


MAR 2 1940

For statistical purposes

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(8)

02482

Reg. Dist. No. 235

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prince Georges

City or town: Reds Conor

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D. C. County:

City or town: Anacostia R4 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: James Oscar Duckett

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Make	colored	-

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 4, 1940

8. AGE: Years	Months	Days	If less than one day
stillborn			hrs. min.

9. Birthplace: Pr.Geo.co

(Town, county, and state)

10. Usual occupation:

11. Industry or business: -

FATHER

12. Name: Lawson Duckett

13. Birthplace: Md. (Brandywine)

MOTHER

14. Maiden name: Ruth Dines

15. Birthplace: Washington, D. C.

16. Informant:

Address:

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory:

Location:

18. Funeral director:

Address:

19. (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 4, 1940, 19, et M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19;

and that I last saw h alive on 19.

Immediate cause of death	DURATION
Stillborn	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: M. D. or other

Address: Date signed:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (58-E)

02159

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince George

City or town Fairmount Heights
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 114 Clark ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 23 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Fairmount Heights Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 114 - Clark ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rosa Dudley

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: George W Dudley

6(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Jan. 17, 1881

8. AGE: Years 58 | Months 1 | Days 7 | If less than one day ____ hrs. ____ min.

9. Birthplace Barbersville, Albermarle Co, Va
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business own home

FATHER
12. Name James Blakey
13. Birthplace Barbersville, Va

MOTHER
14. Maiden name Ella Hinton
15. Birthplace Barbersville, Va

16. Informant Mrs. Nellie Thomas

Address 114 Clark ave, Fairmount Hgts, Md

17. Burial & Hum Date thereof Feb 28 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location Orange Co. Va.

18. Funeral director J. B. Johnson

Address Fairmount Hgts

19. 2-27 1940 Irene A. Conner
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 24 1940, at 3:16 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 7, 1940, to Feb. 24 1940, and that I last saw her alive on Feb. 24 1940.

Immediate cause of death	DURATION
Acute Endocarditis	6 weeks
Due to Acute Rheumatic Fever	6 weeks
Due to	
Other conditions Bronchial Asthma	2 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harrison C. Beldon
M. D. or other

Address Fairmount Hgts, Md Date signed 2-24-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 25 1940
BUREAU V. S.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 238

02160

CERTIFICATE OF DEATH

1. PLACE OF DEATH

(a) County Prince Georges

(b) City or town Oxon Hill, Md.

(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State (b) County

(c) City or town

(If outside city or town limits, write RURAL and give town)

(d) Street No.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Sherman H. Dudley Jr.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex M

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widowed.

6 (b) Name of husband or wife unknown

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 66 | Months | Days | If less than one day ____hr. ____min.

9. Birthplace Texas

(Town, county, and state)

10. Usual occupation actor.

11. Industry or business

FATHER 12. Name unknown

13. Birthplace

MOTHER 14. Maiden Name unknown

15. Birthplace

16 (a) Informant Friend.

(b) Address

17 (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (month) (day) (year)

(c) Cemetery or crematory Harmony

Location Hyattsville Md.

18 (a) Funeral director H. E. Mudd Jr.

(b) Address 4532 Bladensburg Rd.

19 (a) 3/1/40 (Date rec'd by registrar) (b) _____ Registrar

MEDICAL CERTIFICATION

20. Date of death 2-29 1940 at 11-30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 15 1940 to Feb 29 1940, and that I last saw him alive on Feb 29 1940.

Immediate cause of death	Duration
Respiratory failure	Four days
Due to Pulm TBC.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Phillip H. Wagman M. D. or other

Address 816 Md. Ave N.E. Date signed 3-1-40

RECEIVED
APR 5 1945
BUREAU V. S.

02161

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County Prince Georges

City or town Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 5 mos. 19 days

Stay in this community (yrs., or mos., or days) 5 mos. 19 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State D. C. County

City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1110 - 5th St. N.W.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Nannie Ellison

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Widow

8 (b) Name of husband or wife Eugene Ellison

6(c) If alive, give age Deceased years

7. Birth date of deceased (mo., day, yr.) Oct. 6, 1901

8. AGE: Years 38 | Months 4 | Days 21 | If less than one day ___ hrs. ___ min.

9. Birthplace Durham, North Carolina
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Ned Chavis
13. Birthplace North Carolina

MOTHER
14. Maiden name Lucy Stroud
15. Birthplace North Carolina

16. Informant Deceased

Address 1110 - 5th St N.W. Washington, D.C.

17. Removal to
(Burial, cremation, or removal. Which?)

Date thereof 2/28/40 (month) (day) (year)

Cemetery or crematory

Location Washington, D.C.

18. Funeral director John J Pines & Co

Address 901 - 3rd St S.W.

19. Feb 27 1940 Leo V. Kinnaider M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 27 1940, at 3 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 8, 1939, to Feb. 27 1940, and that I last saw her alive on Feb. 27, 1940.

Immediate cause of death: Pulmonary Tuberculosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Pulmonary Tuberculosis

DURATION: 11 months from history

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) — —

Means of injury — Injured at work? —

23. SIGNATURE Daniel Leo Finucane M.D.
M. D. or other

Address Glenn Dale Sanatorium Date signed 2/27/40

Glenn Dale, Md.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

02162

Reg. Dist. No. 245

1. PLACE OF DEATH:
County: Prince George
City or town: Hyattsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 37 Shepherd St
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: MARYLAND County: Pr. George
City or town: HYATTSVILLE Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 37 Shepherd St
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR: —

3. (a) FULL NAME: Baby Boy EVANS

3. (b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife: —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Feb. 12, 1940

8. AGE:

Years	Months	Days	If less than one day
—	—	—	— hrs. — min.

9. Birthplace: Hyattsville, Pr. Geo., Md.
(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: Harry Evans
13. Birthplace: Easton, Md

MOTHER
14. Maiden name: Alice Wright
15. Birthplace: Blue Ridge Summit - Pa.

18. Informant: Mother
Address: 37 Shepherd St

17. Cremation (Burial, cremation, or removal. Which?) Date thereof Feb. 13, 1940 (month) (day) (year)
Cemetery or crematory: Ft. Lincoln
Location: Bladensburg, Md.

18. Funeral director: W. W. Chambers Co.
Address: Riverdale, Md.

19. Feb 12 (Date rec'd by registrar) 1940 James Seery Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 12 1940, at 2 45 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 12 1940, to Feb 12 1940, and that I last saw h — alive on Never alive 19—.

Immediate cause of death	DURATION
Stillborn	Feb 12/40
Due to —	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: — —
Of autopsy: — —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — — — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE: D. L. Clayman M.D.
M. D. or other
Address: 3628-34th St. Mt. Rainier, Md. Date signed 2/12/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02163

Social Security # none

1. PLACE OF DEATH

County Prince Georges (93-C) Registration Dist. No. 242

Village or City Capitol Heights No. 401 Waldorf Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Fredricka Forney If U. S. Veteran, specify WAR ...

(a) Residence: No. 401 - Waldorf Ave Capitol Hgts St., Ward. ... Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Andrew F. Forney

6. DATE OF BIRTH (month, day, and year) Oct. 19/1858

7. AGE	Years	Months	Days	If LESS then 1 day, ... hrs. or ... min.
	81	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Washington D.C.
(State or country)

FATHER

13. NAME August Schewing

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Fredricka Tetley

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Andrew F. Forney
(Address) 401 - Waldorf ave

18. ~~BURIAL, CREMATION~~, OR REMOVAL
Place Washington, D.C. Date Feb. 5th, 1940

19. UNDERTAKER W. W. Chambers Co
(Address) 517 - 11th St. SE. Wash. D.C.

20. FILED 2 - 5 - 1940 Irene A. Conner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February 5 1940
(Month) (Dey) (Year)

22. I HEREBY CERTIFY, That I attended deceased from February 3, 1940, to February 5, 1940

I last saw her alive on February 4, 1940; death is said to have occurred on the date stated above, at 9:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 4, 1940
Generalized Arteriosclerosis	20 yrs.

Other Contributory Causes of Importance:
Arteriosclerotic heart disease

Name of operation — Date of —

Whet test confirmed diagnosis? ... Was there en autopsy? no

23. If death was due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ...

(Signed) William Brannin M. D.

(Address) Capitol Heights, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED MAR 5 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02164

Reg. Dist. No. 233

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Georges
City or town Croome
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges.
City or town Croome. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Henry Gibbons

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mary C. Gibbons
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 10, 1862

8. AGE:

Years	Months	Days	If less than one day
77	4	9	hrs. min.

9. Birthplace J. B. Prince Georges Co. Md.
(Town, county, and state)
10. Usual occupation Physician
11. Industry or business

FATHER
12. Name William Arthur Gibbons
13. Birthplace Maryland

MOTHER
14. Maiden name Anna Elizabeth Grimes
15. Birthplace Maryland

16. Informant Maude Gibbons
Address Croome Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/21-40 (month) (day) (year)
Cemetery or crematory St. Thomas Epis.
Location Croome Md.

18. Funeral director Fitchie Brothers
Address Upper Marlboro, Md.

19. Feb 19 1940 (Date rec'd by registrar) James B. Naylor Registrar
Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 19 1940, at 1.50 A M

21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from Feb 18 1940, to Feb 19 1940, and that I last saw him alive on Dec 9 1939.

Immediate cause of death	DURATION
Acute Congestive heart failure	
Due to Myocarditis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James D. Boyd M. D. or other
Address Forestville Md Date signed 2-19-40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

02165

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Prs. Georges

City or town: Hyattesville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: at home & Baltimore st

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 15 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Prs Georges Co

City or town: Hyattesville md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 8 Baltimore st

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Joseph Hamilton

3. (b) Social Security Number: 578-09-9323

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife: Isabella May Hamilton

6(c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): scotland March 1, 1885

8. AGE: Years	Months	Days	If less than one day
54	11	21	hrs. min.

9. Birthplace: scotland (Town, county, and state)

10. Usual occupation: Typotype Operator

11. Industry or business: Maxwell-Jones

FATHER — 12. Name: Joseph Hamilton

FATHER — 13. Birthplace: scotland

MOTHER — 14. Maiden name: Jane Patrick

MOTHER — 15. Birthplace: scotland

16. Informant: mrs Isabella May Hamilton

Address: 8 Baltimore st - Hyattesville md

17. Burial (Burial, cremation, or removal, Which?) Date thereof Feb 23, 1940 (month) (day) (year)

Cemetery or crematory: Fort Lincoln Cemetery

Location: Prince Georges Co. Md

18. Funeral director: F Gascha Sons

Address: Hyattesville Md

19. Feby 23 19 40 (Date rec'd by registrar) Mrs Jas Severe Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 21 1940, at 4:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 21 1940, to Feb. 21 1940, and that I last saw h alive on D.O.A 19

Immediate cause of death	DURATION
Coronary Thrombosis	?
Due to —	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: D. S. Clayman M. D. or other

Address: 3628-34th St Mt. Rainier Date signed: 2-21-40

MAR 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (163-0)

02166

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince Georges

City or town Seat Pleasant.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

203 Valley St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 9 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Seat Pleasant Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 203 Valley st.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War.

3. (a) FULL NAME Hundley Randolph Hardesty

3. (b) Social Security Number 216-14-3151

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Elizabeth E. Hardesty

6(c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Oct 18, 1894

8. AGE:

Years	Months	Days	If less than one day
45	3	20	____ hrs. ____ min.

8. Birthplace Maryland (Town, county, and state)

10. Usual occupation Attendant St Elizabeth Hosp

11. Industry or business

FATHER 12. Name Joseph W Hardesty

13. Birthplace Maryland

MOTHER 14. Maiden name Irene Renchan

15. Birthplace Md.

16. Informant Elsie E. Hardesty

Address Seat Pleasant Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-12-40 (month) (day) (year)

Cemetery or crematory Trinity Ch. Newport Md

Location Forestville. Md

18. Funeral director W.W. Chambers

Address 517-11 st S.E.

19. 2-8- 40 (Date rec'd by registrar) Irene A. Conner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1940, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____,

and that I last saw h____ alive on ____ 19____

Immediate cause of death	DURATION
Carbon monoxide Poisoning	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 2-8-40

Where did injury occur? Seat Pleasant (City or town) Pr Geo (County) Md (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Injured at work?

23. SIGNATURE James D. Boyd M. D. or other

Address Forestville Md Date signed 2-8-40

MARGIN RESERVED FOR BINDING. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS A15

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FEB 14 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02167

Reg. Dist. No. 243

1. PLACE OF DEATH:
County: Prince George
City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 2 mos. 9 das.
Stay in this community (yrs., or mos., or days): 2 mos. 9 das.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: District of Columbia County: Columbia
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 631 – 3½ St. S. W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Robert Lee Harris

3. (b) Social Security Number: 579-07-5381

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife: Elizabeth Perry
6(c) If alive, give age: 29 years

7. Birth date of deceased (mo., day, yr.): Oct. 7, 1913

8. AGE:

Years	Months	Days	If less than one day
26	4	17	____ hrs. ____ min.

9. Birthplace: Lancaster, S. C.
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: W. P. A.
FATHER 12. Name: Ransom Harris
13. Birthplace: —
MOTHER 14. Maiden name: Patsy Cunningham
15. Birthplace: —
16. Informant: Husband
Address: above
17. Removal (Burial, cremation, or removal. Which?) Date thereof 2/24/40 (month) (day) (year)
Cemetery or crematory:
Location: Washington, D. C.
18. Funeral director: James M. Miller
Address: 1702 – 12th St. N.W. Wash., D. C.
19. Feb 24 19 40 (Date rec'd by registrar) Leo V. Kilmeade M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 24 1940, at 6 p.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15, 1939 to Feb 24, 1940, and that I last saw him alive on Feb. 24, 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	about 4 mos.
Due to	
Due to	
Other conditions: None	

(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: None performed

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D.
M. D. or other
Address: Glenn Dale Sanatorium Date signed: 2/24/40
Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02168

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Georges
City or town Glenn Dale Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 1 yr 8 mos
Stay in this community (yrs., or mos., or days) 1 yr 8 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D.C. County —
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 420 M. ST. S.E.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Richard Henderson

3. (b) Social Security Number none given

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Colored	Single

6 (b) Name of husband or wife Single
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept. 12th 1903

8. AGE: Years	Months	Days	If less than one day
36	5	1	____ hrs. ____ min.

9. Birthplace Dublin, Georgia (Town, county, and state)
10. Usual occupation waiter
11. Industry or business
FATHER 12. Name Chetum Henderson
13. Birthplace Georgia
MOTHER 14. Maiden name Laura Plummer
15. Birthplace Georgia
18. Informant Deckard
Address 420 M. St SE Wash DC
17. Removal (Burial, cremation, or removal. Which?) Date thereof 2/13/40 (month) (day) (year)
Cemetery or crematory
Location Washington, D.C.
18. Funeral director Eugene Ford
Address 1300 So Cap St SE
19. 2/13 (Date rec'd by registrar) 19 40 Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 13th 1940, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 4th 1939, to Feby 13th 1940, and that I last saw him alive on Feby 13th 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	1 yr 8 mos
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE Daniel Lee Finucane M.D. (M. D. or other)
Address Glenn Dale Sanatorium Date signed 2/13/40
Glenn Dale, Md.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

02169

93-2

1. PLACE OF DEATH

County Prince George Registration Dist. No. 46

Village or City Mt Rainier No. 3938 - 31 St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James J Herbert

(a) Residence: No. 3938 31 st. Street St. Mt Rainier Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth E Herbert

6. DATE OF BIRTH (month, day, and year) Aug 7 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	5	27	

OCCUPATION

8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thomas Herbert

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary —

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Mary Nash 3938 - 31 st. Mt Rainier Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Washington DC Date Feb 6, 1940

19. UNDERTAKER (Address) Perry T Walsh 29 - H St. N.W. Wash DC

20. FILED Feb 4, 1940 Harry Valley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 4 (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from Jan 4, 1940, to Feb 4, 1940

I last saw him elive on Feb 3, 1940; death is said to have occurred on the date stated above, at 8 a m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Myocarditis	1938

Other **Contributary Causes** of Importance:

Neme of operation Date of

Whet test confirmed diagnosis? Was there an autopsy? No

23. If death was due to externel ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Leonard Hays M. D.

(Address) Hyattsville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore. Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-e)

02170

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH:

County Prince Georges

City or town Berwyn (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Laurel Md Bowie District

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Transient

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Laurel Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Laurel Md Bowie District (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles Haker

3. (b) Social Security Number 215-10-9154

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife single

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan 28, 1912.

8. AGE: Years 28 yrs Months — Days 27 If less than one day ____ hrs. ____ min.

9. Birthplace Laurel Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Henry Haker

13. Birthplace Maryland

MOTHER 14. Maiden name Elizabeth Otten

15. Birthplace Maryland

16. Informant George Lammers

Address Laurel Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 27th 1940 (month) (day) (year)

Cemetery or crematory St Marys Cemetery

Location Laurel Md

18. Funeral director Lloyd Kaiser

Address Laurel Maryland

19. Feby - 26 - 1940 (Date rec'd by registrar) John D Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 25, 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death Shock

Due to Fracture of second Cervical vertebrae

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide accident Date of 2-25-40

Where did injury occur? Berwyn (City or town) Prince Georges (County) Md (State)

Injured at home, farm, industry, public place (where?) Public road

Means of injury Pedestrian walked in front of auto mobile

23. SIGNATURE James I. Boyd M. D. or other

Address Forestville Md Date signed 2-24-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MAR 4 1940
BUREAU V. S.

02171

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:
County Prince George
City or town Glenn Dale Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 3 yr 10 mos 19 days
Stay in this community (yrs., or mos., or days) 3 yr 10 mos 19 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State DC County
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2701 - 32nd ST. N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Henrietta Johnson

3. (b) Social Security Number None

4. Sex Female
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Single
8 (b) Name of husband or wife Single
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) April 28, 1926

8. AGE: Years 13 Months 9 Days 16 If less than one day ____ hrs. ____ min.

9. Birthplace Virginia (Town, county, and state)
10. Usual occupation None
11. Industry or business
FATHER 12. Name Alexander Johnson
13. Birthplace Virginia
MOTHER 14. Maiden name Vert Lee
15. Birthplace Virginia
16. Informant Mother
Address Glenn Dale, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 17, 1940 (month) (day) (year)
Cemetery or crematory Lincoln Cemetery
Location Washington, D.C.
18. Funeral director Jeffery L. Lane
Address 913 Florida Ave., N.W. Wash. D.C.
19. Feb 15th 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 14th 1940, at 8 50 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 25th 1936, to Feby 14th 1940, and that I last saw her alive on Feby 14th 1940.
Immediate cause of death Pulmonary Tuberculosis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Pulmonary Tuberculosis

DURATION at 4 yrs.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Daniel Leo Finucane M.D. M. D. or other
Address Glenn Dale Sanatorium Date signed 2/14/40
Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

02172

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince George

City or town Branchville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Baltimore Blvd

Stay in hospital or inst. (yrs., or mos., or days) [illegible]

Stay in this community (yrs., or mos., or days) 11 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Branchville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Balto Blvd.
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR —

3. (a) FULL NAME Minnie Johnson

3. (b) Social Security Number —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife William Henry Johnson

6(c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years 42 | Months | Days | If less than one day ___ hrs. ___ min.

8. Birthplace Virginia
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business home

FATHER
12. Name Wesley Ewell
13. Birthplace Virginia

MOTHER
14. Maiden name Henrietta —
15. Birthplace Virginia

16. Informant William Henry Johnson

Address Branchville Md

17. Transportation (Burial, cremation, or removal. Which?) Date thereof Feb 21, 1940 (month) (day) (year)

Cemetery or crematory Shoughfare Va

Location Shoughfare Va

18. Funeral director F. Gasch's Sons

Address Hyattsville Maryland

19 Feb 20 1940 (Date rec'd by registrar) Jos Sevey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 18 1940, at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death Acute congestive heart failure

Due to Myocardesis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James I. Boyd M. D. or other

Address Forestville Md Date signed 2-18-40

STATE OF MARYLAND—CERTIFICATE OF DEATH

02173

1. PLACE OF DEATH

County Prince Georges — Registration Dist. No. 243

Village or City Lincoln, Rt. Latham P.O. No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Clementine Victoria Jones

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	Colored	Married

5e. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of James Jones

6. DATE OF BIRTH (month, dey, and yeer) 1898

7. AGE	Years	Months	Deys	If LESS then 1 dey, ____ hrs. or ____ min.
	42		22	

OCCUPATION

8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Dete deceased lest worked at this occupetion (month and yeer) Nov. 1938

11. Total time (yeers) spent in this occupetion Life

12. BIRTHPLACE (city or town) Collington
(State or country) Md

FATHER

13. NAME William B. Brown

14. BIRTHPLACE (city or town) ____
(State or country) Md.

MOTHER

15. MAIDEN NAME Victoria Campbell

16. BIRTHPLACE (city or town) ____
(Stete or country) Md

17. INFORMANT James Jones
(Address) Lincoln

18. BURIAL, CREMATION, OR REMOVAL
Piece Bowie Dete Feb. 23, 1940

19. UNDERTAKER Martin Gladney Sons
(Address) Bowie, Md

20. FILED Feb. 22, 1940 W. L. Trott
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 19 (Day), 1940 (Yeer)

22. I HEREBY CERTIFY, Thet I attended deceased from Jan. 15, 1940 to Feb. 19, 1940

I last sew h-er elive on Feb. 19, 1940; deeth is seid to heve occurred on the dete stated above, et 8:55 P. m.

The **PRINCIPAL CAUSE OF DEATH** end related ceuses of importance were as follows:

	Date of onset
Carcinoma of Gall Bladder	1938
Other **Contributory Causes** of Importence:	
Asthenia	1939

Neme of operetion ____ Date of ____

What test confirmed diegnosis? ____ Wes there en autopsy? No

23. If death wes due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Neture of injury ____

24. Wes diseese or injury in eny wey related to occupation of deceesed? ____

If so, specify ____

(Signed) Henry S. Stewart M. D.

(Address) Bowie, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E)

CERTIFICATE OF DEATH

(12174)
Reg. Dist. No. 232

1. PLACE OF DEATH:
County Anne Arundel
City or town Upper Marlboro
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Geo.
City or town Upper Marlboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas Kerr

3. (b) Social Security Number none.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	widowed

6 (b) Name of husband or wife Frances Lee Jones
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 1 — 1859

8. AGE:

Years	Months	Days	If less than one day
80	4	9	hrs. min.

9. Birthplace Anne Arundel Co., Md.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Lewis Kerr
13. Birthplace Anne Arundel Co., Md.
MOTHER 14. Maiden name Mary E. Cheney
15. Birthplace Anne Arundel Co., Md.
18. Informant Mrs. Ukulda Nicholson
Address Upper Marlboro, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 12-40 (month) (day) (year)
Cemetery or crematory Trinity Episcopal
Location Upper Marlboro, Md.
18. Funeral director Ritchie Brothers
Address Upper Marlboro, Md.
19. Feb 12 1940 (Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1940, at 9:30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1 1933 to Feb 10 1940, and that I last saw h-im alive on Feb 9 1940.

Immediate cause of death	DURATION
(a) Chronic nephritis	6 Yrs
Due to (b) Arteriosclerosis	
Due to (c)	
Other conditions acute cardiac dilation	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Beverly Dawson M. D. or other
Address Upper Marlboro Md Date signed 2/10/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

02175

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town Hyattsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Agar Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 15 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Prince Georges

City or town Hyattsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Agar Road

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lillian Ford Kilpatrick

3. (b) Social Security Number 216-12-4712

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widowed

8 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 50 | Months | Days | If less than one day hrs. min.

9. Birthplace Seat Pleasant Md (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own home

FATHER 12. Name Benj. Ford

13. Birthplace Maryland

MOTHER 14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Newsey Green

Address Agar Road

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 24 1940 (month) (day) (year)

Cemetery or crematory Paynes Febr 24/40

Location D.C.

18. Funeral director F. Gaschi's Sons

Address Bladensburg Md

19. Feby 23 1940 Mrs. Jas. Severe (Date rec'd by registrar) Registrar Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1940, at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19

Immediate cause of death	DURATION
Acute Congestive heart failure	
Due to Myocarditis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James D Boyd M. D. or other

Address Forestville Md Date signed 2-22-40

02176

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (179 X)

CERTIFICATE OF DEATH

Reg. Dist. No. _____

1. PLACE OF DEATH:

County Prince Georges

City or town Friendly
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Friendly Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anna Virginia Lee

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Single

6(b) Name of husband or wife

6(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 28, 1938

8. AGE: Years 1 | Months 7 | Days 18 | If less than one day _____ hrs. _____ min.

9. Birthplace Silesia Maryland
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Clifton Lee
13. Birthplace Maryland

MOTHER
14. Maiden name Nellie Young
15. Birthplace Maryland

16. Informant Nellie Young
Address Friendly Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Feb 17 1940
(month) (day) (year)

Cemetery or crematory Zion Wesley

Location Waldorf Md

18. Funeral director Hunt & Ryan

Address Waldorf Md

19. Feb. 16 1940 Mrs Alton Davis Loc. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1940, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____, to _____ 19____, and that I last saw h_____ alive on _____ 19____.

Immediate cause of death Kerosene Poisoning

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 2-15-40

Where did injury occur? Friendly Pr. Geo. Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) home

Means of injury Chunk coal oil Injured at work? no

23. SIGNATURE James J. Boyd
M. D. or other

Address Forestville Md Date signed 2-15-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MAR 8 1940
BUREAU V. S.

Helena Davis

STATE OF MARYLAND—CERTIFICATE OF DEATH

02177

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U. S. No. 1

1. PLACE OF DEATH (934)

County Prince Geo. Registration Dist. No. 942

Village or City Maryland Pk. md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Linkins If U. S. Veteran, specify WAR

(a) Residence: No. 807 Pleasant St., St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter F. Linkins

6. DATE OF BIRTH (month, day, and year) May 3 - 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William Mercer

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Charles Stone

(Address) 807 Pleasant St. Md. Pk. md

18. BURIAL, CREMATION, OR REMOVAL Place Congressional Cmty Wash. D.C. Date 1-18-40 19

19. UNDERTAKER W. W. Chambers Co.

(Address) Wash. D.C.

20. FILED Feb. 8, 1940 Irene G. Bosmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 8 (Day) 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from Feb 5 1940 to Feb 8, 1940

I last saw her alive on Feb 7 1940; death is said to have occurred on the date stated above, at 1 15 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
acute bronchitis	2/1/40

Other Contributory Causes of importance:

General Arteriosclerosis, Chronic myocarditis — Indefinite

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following: —

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Paul C. Van Natta M. D.

(Address) Bennings D.C., R.F.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

112178

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 4 mo - 2d

Stay in this community (yrs., or mos., or days): 4 mo - 2d

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 28 Fenton St. N. E.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: NO ✓

3. (a) FULL NAME: Ernest Lloyd

3. (b) Social Security Number: 577-05-7266

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	colored	widowed

6 (b) Name of husband or wife: Rowena Lloyd

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 16, 1880

8. AGE: Years	Months	Days	If less than one day
59	8	5	hrs. min.

9. Birthplace: Washington D. C.

(Town, county, and state)

10. Usual occupation: Janitor

11. Industry or business:

FATHER 12. Name: Wm Lloyd

FATHER 13. Birthplace: unknown

MOTHER 14. Maiden name: Susan Green

MOTHER 15. Birthplace: Baltimore, Maryland

16. Informant: Deceased - Hosp Records

Address: -

17. Removal (Burial, cremation, or removal. Which?) Date thereof Feb 23, 1940 (month) (day) (year)

Cemetery or crematory: D.C. Morgue

Location: Washgtn, D.C.

18. Funeral director: D.C. Morgue

Address: Washington D.C.

19. Feb 23 1940 (Date rec'd by registrar) Leo V. DeMeade M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 21 1940, at 6:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-31 1939, to 2-21 1940, and that I last saw him alive on 2-21 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	6 mo
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed: 2/21/40

Glenn Dale, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 4 1940
BUREAU V. S.

02179

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (137-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 246

1. PLACE OF DEATH:
County: Prince George Co.
City or town: Mt. Rainier
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 3600 Bunker Hill Road.
Stay in hospital or inst. (yrs., or mos., or days): 4 months
Stay in this community (yrs., or mos., or days): 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince George
City or town: Mt. Rainier Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 3600 Bunker Hill Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Emory Roscoe Lowe (LOWE)

3. (b) Social Security Number None

4. Sex: male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Mary Frances Lowe
6(c) If alive, give age: 53 years
7. Birth date of deceased (mo., day, yr.): March 3 1882

8. AGE: Years: 57 Months: 11 Days: If less than one day: hrs. min.

9. Birthplace: Wallace, Indiana (Town, county, and state)
10. Usual occupation: Patent Examiner.
11. Industry or business

FATHER
12. Name: Elijah Lowe
13. Birthplace: Jackson Township, Indiana

MOTHER
14. Maiden name: Rachel Philpott
15. Birthplace: Jackson Township, Indiana

16. Informant: Mary F. Lowe
Address: Mt. Rainier Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 5, 1940 (month) (day) (year)
Cemetery or crematory: Fort Lincoln
Location: Bladensburg Road Md

18. Funeral director: Francis Gasche Lowe
Address: Hyattsville Md

19. Feb 4 1940 (Date rec'd by registrar) Harry Walley M D Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 3 1940, at 12:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 14 1939, to Feb 3 1940, and that I last saw him alive on Feb. 3 1940.

Immediate cause of death	DURATION
Bacterial subacute endocarditis	2 mos.
Due to Prostatitis	5½ mos.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Prostatectomy - Sept 20th prostate enlarged -
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Earl N. Graff M. D. or other
Address: 3400 Nich St NE Date signed: 2/3/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

FEB 17 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

02180

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Pr. Geo Co.
City or town Capitol Heights
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 144 Shadyside Ave
Stay in hospital or Inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Pr. Geo Co.
City or town Capitol Heights Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 144 Shadyside Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Julia Anne Marks

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Edward Weyman Marks

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 13 1855

8. AGE:

Years	Months	Days	If less than one day
84	10	20	____ hrs. ____ min.

9. Birthplace Washington D.C. (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Own Home
FATHER 12. Name Unknown
13. Birthplace
MOTHER 14. Maiden name Unknown
15. Birthplace
16. Informant Ida M. Dove
Address 144 Shadyside Ave Capitol Hgts Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-5-40 (month) (day) (year)
Cemetery or crematory Congressional Cemetery
Location Wash. D.C.
18. Funeral director W W Chamberlain Co
Address 517 11 st S.E. Washington D.C.
19. 2-2 1940 (Date rec'd by registrar) Irene A. Conner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1940, at 6:00 ^ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 23 1939 to Feb 2 1940, and that I last saw her alive on Feb 1 1940.

Immediate cause of death	DURATION
Cardiac decompensation	1 month
Due to Senile Myocarditis	10 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. Smit Pitchie M.D.
M. D. or other
Address Rte 1 Bennings Md DC Date signed Feb 2 1940

RECEIVED
MAR 5 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

112181

Reg. Dist. No. 272

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town Mellwood

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 month

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Mellwood Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thelma Rebecca Marshall

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1, 1940

8. AGE: Years | Months 1 | Days 6 | If less than one day hrs. min.

9. Birthplace Washington D.C.

(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Charles Henry Marshall

13. Birthplace Mellwood Md.

MOTHER 14. Maiden name Flossie Chestnut

15. Birthplace North Carolina

16. Informant Charles H. Marshall

Address Mellwood, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 6, 1940 (month) (day) (year)

Cemetery or crematory Meadow Brook

Location Meadows Md

18. Funeral director Chas H. Marshall

Address Upper Marlboro Md R 1

19. Feb 6 1940 Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6 1940, at 6 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death	DURATION
Bronchopneumonia	
Due to Cachexia	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James D. Boyd M. D. or other

Address Forestville Md Date signed 2-8-40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

102182

Reg. Dist. No. 232

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Pro Geo Co
City or town: Marlboro Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: marlboro md
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Pro Geo Co
City or town: Chillum Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Chillum District
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: James Robert McChesney

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

B (b) Name of husband or wife: Eva Fisher McChesney
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.):

8. AGE: Years	Months	Days	If less than one day
67 yrs	—	—	hrs. min.

9. Birthplace: Md
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business

FATHER
12. Name: wm R. McChesney
13. Birthplace: Md

MOTHER
14. Maiden name: susana owens
15. Birthplace: Md

16. Informant: Robert McChesney
Address: Chillum, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 29, 1940 (month) (day) (year)
Cemetery or crematory: Rock Creek Cemetery
Location: Washington D.C.
18. Funeral director: F. Gaeths sons
Address: Hyattsville Md

19 Feb 28 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 24 1940, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death	DURATION
Coronary occlusion	
Due to Coronary sclerosis	
Due to Cardio vascular renal disease	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death wae due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Meane of injury: Injured at work?

23. SIGNATURE: James J. Boyd M. D. or other
Address: Forestville Md Date signed: 2-27-40

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MAR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02183

1. PLACE OF DEATH (159)

County Prince George Registration Dist. No. 246

Village or City Mt. Rainier No. 3609 - 37th St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred One Hrs. Hour ds. How long in U. S. if of foreign birth? — yrs. — mos. ds.

2. FULL NAME Baby Mc Mahon If U. S. Veteran, specify WAR

(a) Residence: No. 3609 - 37th St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, end year) February 12, 1940

7. AGE	Years	Months	Days	If LESS than 1 day, One hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. ~~Total~~ time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Mount Rainier

FATHER

13. NAME Leo R. McMahon

14. BIRTHPLACE (city or town) (State or country) Washington, D. C.

MOTHER

15. MAIDEN NAME Catherine Thompson

16. BIRTHPLACE (city or town) (State or country) Washington, D. C.

17. INFORMANT Father

(Address) 3609 - 37th st. Mt. Rainier Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Fort Lincoln Date 2-13, 1940

19. UNDERTAKER Wm. J. Malley

(Address) 3206 Rhode Island Ave. Mt. Rainier

20. FILED Feb 13, 1940 Wm. Malley (Md.)

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 12 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1940, to Feb. 12, 1940

I last saw him alive on Feb. 12, 1940; death is said to have occurred on the date stated above, at 8:30 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
4 1/2 Months Fetus.	
Other **Contributory Causes** of importance:	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury ~~occurred in~~ INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Charles C. Hageage M. D.

(Address) Mount Rainier, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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MAR 5 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02184

Reg. Dist. No. 243

1. PLACE OF DEATH:
County Prince Georges
City or town
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 10 mos 3 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State DC County
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 68 P. ST. N.W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Jimmy Miley

3. (b) Social Security Number none

4. Sex	5. Color or Race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

B (b) Name of husband or wife Single

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27, 1923

8. AGE: Years	Months	Days	If less than one day
16	8	11	hrs. min.

9. Birthplace Wash DC (Town, county, and state)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Thos Miley
13. Birthplace South Carolina

MOTHER
14. Maiden name Jessie Jennings
15. Birthplace South Carolina

16. Informant deceased
Address 68 P ST NW Wash DC

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-12-40 (month) (day) (year)
Cemetery or crematory Lincolns Memmorial
Location Suitland Md

18. Funeral director W Arnold Jones
Address 1732 You St NW

19. Feb 8th 40 (Date rec'd by registrar) Leo V. Olmeide M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 7th 1940, at 6:55 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 4th 1939 to Feby 7th 1940 and that I last saw him alive on Feby 7th 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	1yr
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Daniel Lee Finucane M.D.
M. D. or other
Address Glenn Dale Sanatorium Date signed 2/7/40
Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 29 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95a)

02185

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH:
County: Prince George
City or town: Rural Anacosta, R.F.D. #2
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 1 yr 2 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Harford
City or town: Aberdeen or Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Charles Harry Mitchell

3. (b) Social Security Number: no.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Sarah J. Mitchell
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Apr. 15 1869

8. AGE:

Years	Months	Days	If less than one day
70	9	20	hrs. min.

9. Birthplace: Harford Co. Md. (Town, county, and state)
10. Usual occupation: State Roads (Retired)
11. Industry or business:

FATHER
12. Name: Henry Mitchell
13. Birthplace: Harford Co. Md.

MOTHER
14. Maiden name: Unknown Flaherty
15. Birthplace: Md.

16. Informant: Mrs. Frank J. Adams
Address: Anacosta, R.F.D. # 2

17. Burial (Burial, cremation, or removal) Which? Date thereof Feb. 7 1940 (month) (day) (year)
Cemetery or crematory: Rock Run Cem.
Location: Harford Co. Md.

18. Funeral director: R. Madison Mitchell
Address: Havre de Grace, Md.

19. Feb. 5 1940 (Date rec'd by registrar) Mrs. Alton Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 4, 1940, at 11:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 9, 1940 to Feb. 5 1940 and that I last saw him alive on Feb. 3 1940

Immediate cause of death	DURATION
Auricular Fibrillation	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: None Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: E W Schwartze MD (M. D. or other)
Address: 1225 Talbert St, S.E. Date signed: 2/5/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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MAR 8 1940
BUREAU V. S.

02186

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-8)

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH:

County: Prince George

City or town: Cst Daniels Pk Berwyn Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 9 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Prince George

City or town: CSt Daniels Pk Berwyn Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mayo Covar Mitchell

3. (b) Social Security Number: No.

4. Sex: M

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Widowed

B (b) Name of husband or wife: Katherine M. Mitchell

Deceased. 6(c) If alive, give age ____ years

T. Birth date of deceased (mo., day, yr.): Aug 29, 1880

8. AGE: Years: 59 Months: 6 Days: 18 If less than one day ____ hrs. ____ min.

9. Birthplace: Buffalo, N.Y.
(Town, county, and state)

10. Usual occupation: Printer Retired

11. Industry or business: U.S.G.P.O.

FATHER
12. Name: James Walter Mitchell
13. Birthplace: Annapolis Md.

MOTHER
14. Maiden name: Mae Clark
15. Birthplace: Harrisburg Pa

16. Informant: Violet L. Mitchell

Address: C St Daniels Park, Berwyn Md

17. Wash. D.C. (Burial, cremation, or removal. Which?) Date thereof 2-17-40 (month) (day) (year)

Cemetery or crematory

Location: Wash. D.C.

18. Funeral director: J. William Lee's Sons

Address: 360 - 4th St N.E.

19. Feb 17 1940 (Date rec'd by registrar) John D Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Febr 17 1940, at 6:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 30 1939, to Febr 17 1940, and that I last saw him alive on Febr 17 1940.

Immediate cause of death: Myocarditis c̄ pulmonary edema.

Due to: Chronic Nephritis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

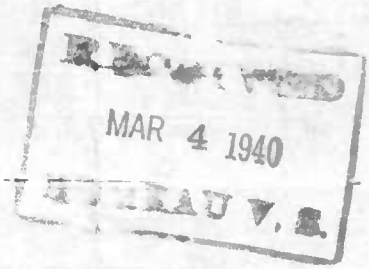
23. SIGNATURE: E Sbrisp MD M. D. or other

Address: 501 - 8th St NE, Date signed 2/17/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15


MAR 4 1940

STATE OF MARYLAND—CERTIFICATE OF DEATH

02187

1. PLACE OF DEATH

County Prince Georges Registration Dist. No. 240

Village or City Chillenbrom No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Mitchell

(a) Residence: No. St., Ward. Social Security No. 579-12-3013

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Cau	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Mitchell

6. DATE OF BIRTH (month, day, and year) April 16, 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Janator

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wattingham Md (State or country)

FATHER

13. NAME Neal Mitchell

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Susan Young

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Emma Butler (Address) Chillenbrom

18. BURIAL, CREMATION, OR REMOVAL Place Brooks Crem Date Feb. 7, 1940

19. UNDERTAKER George W. Shade (Address) Waysides Md

20. FILED Feb 4, 1940 F. W. Billingsley Registrar. Local

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feby (Month) 4 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1940, to Feby 2, 1940

I last saw h alive on Feby 2, 1940; death is said to have occurred on the date stated above, at 5.30 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other **Contributory Causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) William H. Gibbons M. D.

(Address) Croom Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94-2)

CERTIFICATE OF DEATH

62188

Reg. Dist. No. 245

1. PLACE OF DEATH:
County: Prince Georges
City or town: Hyattsville (WITHIN CORPORATE LIMITS)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 218 Colesville Rd
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 16 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince Georges
City or town: Hyattsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 218 Colesville Rd
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: William Bates Moore

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Elizabeth Foyman Moore
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 20, 1863

8. AGE: Years	Months	Days	If less than one day
76	8	29	hrs. min.

9. Birthplace: Washington D.C. (Town, county, and state)
10. Usual occupation: Government Clerk
11. Industry or business: Office

FATHER
12. Name: Douglas Moore
13. Birthplace: Baltimore Md.

MOTHER
14. Maiden name: Elizabeth Kirk
15. Birthplace: Washington D.C.

16. Informant: Mrs Charlotte Shaffer
Address: 218 Colesville Rd, Hyattsville Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof Feb. 21, 1940 (month) (day) (year)
Cemetery or crematory: Glenwood Cemetery
Location: Washington D.C.
18. Funeral director: W. W. Chambers Co.
Address: Riverdale Md.

19. Feby. 20" 1940 (Date rec'd by registrar) Mrs. Jas. Severe Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 19. 1940, at 4:35 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1939, to Feb 19 1940, and that I last saw him alive on Feb 19 1940

Immediate cause of death	DURATION
Acute Coronary Thrombosis	30 min
Due to General Arteriosclerosis	? years
Due to arteriosclerotic Heart Disease	
Other conditions: Agranulocytic Leukopenia (Recovered)	3 weeks

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: none.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Lawrence W. Makin M.D. M. D. or other
Address: Riverdale Md Date signed: Feb 19, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02189

Reg. Dist. No. 243

1. PLACE OF DEATH:
County: Prince George
City or town: Glenn Dale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 2 mos. 22 das.
Stay in this community (yrs., or mos., or days): 2 mos. 22 das.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D. C. County: —
City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 712 - 15th., N.E.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Joseph Morton

3. (b) Social Security Number: 579-05-9817*

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of ~~husband or~~ wife: Charlotte Morton
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct. 31, 1887

8. AGE:

Years	Months	Days	If less than one day
52	3	16	____ hrs. ____ min.

9. Birthplace: Washington, D.C.
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: —

FATHER
12. Name: Robert Morton
13. Birthplace: Washington, D.C.

MOTHER
14. Maiden name: Ellen Thurston
15. Birthplace: Virginia

16. Informant: Deceased
Address: above

17. Removal
(Burial, cremation, or removal. Which?)
Date thereof: Feb. 17, 1940 (month) (day) (year)
Cemetery or crematory
Location: Washington, D.C.
18. Funeral director: Johnson Jenkins
Address: 2053 - Geo. ave N.W.

19. Feb 17 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 16 1940, at 2:05 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 25, 1939, to Feb. 16 1940, and that I last saw him alive on Feb. 15 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: about 2 yrs. 2 mos.
Due to
Due to
Other conditions: None
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: Pulmonary Tuberculosis

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other
Address: Glenn Dale Sanatorium Date signed: 2/16/40
Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02190

1. PLACE OF DEATH

County Prince George's Registration Dist. No. 242

Village or City Fairmount Hgts No. 5322 Eastern Ave St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Norris, Harriet Rebecca ~~If U.S.~~ Veteran, specify WAR —

(a) Residence: No. 5322 Eastern Ave St. Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Norris, Richard

6. DATE OF BIRTH (month, day, and year) Jan 2, 1896

7. AGE: Years 44 | Months 1 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year) Feb 40
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Tallula (MISS)
(State or country) Mississippi

FATHER
13. NAME Diggs, Alfred
14. BIRTHPLACE (city or town) Tallula
(State or country) Mississippi

MOTHER
15. MAIDEN NAME Braxton, Ella
16. BIRTHPLACE (city or town) Natchez
(State or country) Mississippi

17. INFORMANT Mouton Laura
(Address) 5322 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lincoln Memorial P.B. Co Date Feb 15, 1940

19. UNDERTAKER J. B. Johnson
(Address) Annapolis

20. FILED 2-14, 1940 Irene A. Conner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 10 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from February 8, 1940, to Feb 10, 1940
I last saw her alive on Feb 10, 1940; death is said to have occurred on the date stated above, at 4:30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	2/8/40

Other Contributory Causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Neurological Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) Theodore Pinckney M. D.
(Address) 4832 Deane N.E. D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 5 1940 BUREAU

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02191

Reg. Diat. No. 243

1. PLACE OF DEATH:

County: Prince Georges

City or town: Glenn Dale

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 2 yrs - 3 mo - 2 d

Stay in this community (yrs., or mos., or days): 2 yrs - 3 mo - 2 d

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D. C. County:

City or town: Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1432 - S. St. N.W.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Veola Norris

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	colored	married

6 (b) Name of husband ~~or wife~~: Ollie Norris

6(c) If alive, give age: 25 years

7. Birth date of deceased (mo., day, yr.): Feb 5, 1915

8. AGE:

Years	Months	Days	If less than one day
25	0	0	____ hrs. ____ min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: —

FATHER

12. Name: Frank Young

13. Birthplace: Virginia

MOTHER

14. Maiden name: Estelle Dodson

15. Birthplace: Washington, D. C.

16. Informant: Deceased - Hospital Records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-8-40 (month) (day) (year)

Cemetery or crematory: Lincoln Cemetery

Location: Washington - D. C.

18. Funeral director: Thomas Frazier

Address: 389 Rhode Island Ave., N.W. Wash., D.C.

19. Feb 6th 1940 (Date rec'd by registrar) Leo V. Kinsella M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 5 1940, at 12:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 9 1937, to Feb 5 1940, and that I last saw her alive on Feb 5 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	4 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Pulmonary Tuberculosis

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Daniel Lee Pincane M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed: 2/5/40

Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 4 1940
BUREAU V. S.

02192

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince George

City or town Hyattsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Sacred Heart Home

Stay in hospital or inst. (yrs., or mos., or days) 12 years

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Baltimore

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1315 - West Fayette
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Carrie Owings

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	white	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22, 1854

8. AGE:

Years	Months	Days	If less than one day
85	9	21	hrs. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual occupation None given

11. Industry or business

FATHER
12. Name Theodore Owings
13. Birthplace Ba. Md.

MOTHER
14. Maiden name Annie Warthington
15. Birthplace Ba. Md

16. Informant Sister Bellina

Address Sacred Heart Home

17. Burial Date thereof 2/15/40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory New Cathedral

Location Baltimore Md.

18. Funeral director Francis J Collins

Address 3821 - 14th St. N.W. Wash. D.C.

19. Feby 15 1940 Mrs. Jas Severe Deputy Sec'y Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1940, at 7p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1930 to Feb 13 1940, and that I last saw her alive on Feb 13 1940.

Immediate cause of death	DURATION
acute cardiac dilation	1 day
Due to generalized arteriosclerosis	5 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thomas E Mattingly Md
M. D. or other

Address 2200 R Ave NE D C Date signed 2/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

02193

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town Hyattsville WITHIN CORPORATE LIMITS

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 21 - Arundel Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 15 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges Co.

City or town Hyattsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 21 - Arundel Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mattie E. Platz.

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Married

6 (b) Name of husband or wife Frank P. Platz.

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) June 13, 1876.

8. AGE: Years	Months	Days	If less than one day
63	8		hrs. min.

9. Birthplace So. Carolina (Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden name

15. Birthplace

16. Informant Frank P. Platz.

Address 21 - Arundel Ave.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof 2-24-40. (month) (day) (year)

Cemetery or crematory Glenwood

Location Washington D.C.

18. Funeral director W. W. Chambers Co

Address Riverdale Md.

19. Feby 23 19 40 Mrs Jas Severe (Date rec'd by registrar) Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 19 40, at 7 45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 38, to Feb 22 19 40, and that I last saw h alive on Feb. 21 19 40

Immediate cause of death	DURATION
Hypertensive Cardio-vascular renal disease	2 1/2 yrs.
Due to —	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. E. Morris M. D. or other

Address 35 Maryland Ave N.E. Date signed 2-22-40

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

02194

Reg. Dist. No. 238

1. PLACE OF DEATH:
County Pr. Geos Co.
City or town Oxon Hill Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Pr Geos Co.
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Pratt.

3. (b) Social Security Number

4. Sex: male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Charlotte Pratt
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Oct 16 - 1856
8. AGE: Years 84 | Months 3 | Days 29 | If less than one day hrs. min.
9. Birthplace England (Town, county, and state)
10. Usual occupation retired
11. Industry or business
FATHER 12. Name Unk
13. Birthplace unknown
MOTHER 14. Maiden name Unk
15. Birthplace unknown
16. Informant Fred A. Veeder
Address Oxon Hill, Maryland.
17. Feb 16, 1940 Date thereof (month) (day) (year)
(Burial, cremation, or removal. Which?)
Cemetery or crematory
Location Washington D.C.
18. Funeral director Thomas F. Murray
Address 3007 Nichols ave S.E.
19. 2/16/40 19 Harvey E. Pyles
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-15 1940, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1939 to Feb 15 1940, and that I last saw h im alive on Feb 15 1940

Immediate cause of death	DURATION
cerebral hemorrhage	
Due to arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. C. Weitzman M. D. or other
Address 2015 Nichols ave SE Date signed 2/16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

FEB 28 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-A)

CERTIFICATE OF DEATH

02195

Reg. Dist. No. 23

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town Summond Hill

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Defence Highway

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Summon Hill Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Defence Highway

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Pumphrey

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years 80 | Months | Days | If less than one day hrs. min.

9. Birthplace Montgomery Co Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Sam Pumphrey

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden name

MOTHER 15. Birthplace Maryland

16. Informant Louise Rogers

Address Summons Hill Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 15 1940 (month) (day) (year)

Cemetery or crematory Methodist Cemetery

Location Bladensburg Maryland

18. Funeral director E Gaschle Sons

Address Hyattsville Md

19. Feb 14 1940 (Date rec'd by registrar) F McNemar LOCAL Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-11 1940, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19

Immediate cause of death	DURATION
acute congestive heart failure	
Due to cardiovascular renal disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James J. Boyd M. D. or other

Address Forestville Md Date signed 2-11-40

RECEIVED
MAR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02196

105

1. PLACE OF DEATH

County Prince Georgis Registration Dist. No. 233

Village or City Cheltenham No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John William Rawlings If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward. If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowad, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) June 14-1939

7. AGE Yeers	Months	Deys	If LESS than 1 dey, hrs. or min.
8	7	29	

OCCUPATION

8. Treda, profession, or particular kind of work dona, es SPINNER, SAWYER, BDDKKEEPER, atc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Deta daceesed lest workad at this occupetion (month end yaar) —

11. Total tima (years) spent in this occupetion —

12. BIRTHPLACE (city or town) Washington D.C.
(Steta or country)

FATHER

13. NAME John M. Rawlings

14. BIRTHPLACE (city or town) Naylor
(Stete or country)

MOTHER

15. MAIDEN NAME Eva V. Phillips

16. BIRTHPLACE (city or town) Washington D.C.
(State or country)

17. INFORMANT John M. Rawlings
(Address) Cheltenham Md

18. BURIAL, CREMATIDN, OR REMOVAL
Placa Croom Md. Date Febr 16, 1940

19. UNDERTAKER Richard Brady
(Address) Upper Marlboro Md

20. FILED Febr 14, 1940 James L. Naylor
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Febry 13, 1940
(Month) (Dey) (Yeer)

22. I HEREBY CERTIFY, That I ettended daceesed from Febry 13, 1940, to Febry 13, 1940

I lest sew h— alive on Febry 13, 1940; deeth is said to have occurred on tha dete steted ebova, at 1.25 P.m.

The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importence were as follows:

	Date of onset
Acute Laryngitis	

Other Contributory Causes of Importence:

Neme of operetion Date of

What test confirmed diagnosis? Wes there en autopsy?

23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? Dete of injury, 19

Whera did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.

Menner of Injury

Nature of Injury

24. Wes diseese or injury in eny wey relatad to occupation of deceasad? No

If so, specify

(Signed) William H. Hobson M. D.

(Address) Croom Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

02197

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Pr. Geo.

City or town Hyattsville Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mother Jones Rest Home

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Three Years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Boyds Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME James C. Reid

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Anna M. Reid

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 8, 1856

8. AGE:

Years	Months	Days	If less than one day
84	0	15	hrs. min.

9. Birthplace Boyds, Montgomery County, Maryland (Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER

12. Name Aloysius Reid

13. Birthplace Maryland

MOTHER

14. Maiden name Sarah Feaster

15. Birthplace Maryland

16. Informant Lillie May Burgess

Address Hyattsville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 26, 1940 (month) (day) (year)

Cemetery or crematory St Marys.

Location Barnesville Md

18. Funeral director Wm Reuben Pumphrey

Address 7005 Wis Ave Bethesda Md

19 Feb. 24 1940 Mrs. Jas. Severe Deputy Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23. 1940, at 7 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1937 to Feb 23 1940, and that I last saw him alive on Feb 23 1940.

Immediate cause of death	DURATION
Acute Cardiac Dilatation	2/23
Due to Myocarditis Chr.	3 yrs
Due to Arteriosclerosis	?
Other conditions Hypostatic Pneumonia	3 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Martin Keane M. D. or other

Address Riverdale Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

02198

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Pr. Geo. Co.

City or town Largo

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 59 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland. County Pr. Geo Co.

City or town Largo Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Clarence Meredith Roberts

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

8 (b) Name of [redacted] wife Francis Fairfax Roberts

6(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Sept 1 1881

8. AGE:

Years	Months	Days	If less than one day
58	5	5	hrs. min.

9. Birthplace Mitchelville, Pr. Geo Co. Md (Town, county, and state)

10. Usual occupation Lawyer

11. Industry or business General law practice

FATHER

12. Name Thomas Owen Williams Roberts

13. Birthplace Landover Maryland.

MOTHER

14. Maiden name Alice Bowie

15. Birthplace Mitchelville Md.

16. Informant Mrs. Francis Fairfax Roberts

Address Landover Md R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/8-40. (month) (day) (year)

Cemetery or crematory Rock Creek

Location Washington, D.C.

18. Funeral director Ritchie Brothers

Address Upper Marlboro, Md

19. 2-7 1940 (Date rec'd by registrar) Irene G. Conner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6 1940, at 11:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 11 1938, to Feb 6 1940, and that I last saw him alive on Feb 6 1940.

Immediate cause of death	DURATION
acute cardiac decompensation	24 hours
Due to arteriosclerotic cardio vascular renal disease	2 years
Due to	
Other conditions uremia (Include pregnancy within 3 months of death)	1 week.

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Scott Ritchie MD. M. D. or other

Address Rte 1 Benning Ste O.S. Date signed Feb 6 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

02199

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Georges
City or town Capitol Hgts
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 308 - Beck Ave.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 5 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Prince Georges
City or town Capitol Hgts Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 308 - Beck Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME OSCAR JOHN ROTH

3. (b) Social Security Number 579-07-8212

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife Nettie G. Roth

6(c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) March 3rd, 1890

8. AGE: Years	Months	Days	If less than one day
49	11	4	hrs. min.

9. Birthplace Brazil - S. America
(Town, county, and state)

10. Usual occupation Mechanic

11. Industry or business auto mobile

FATHER 12. Name John Albert Roth

13. Birthplace S. America

MOTHER 14. Maiden name Unknown

15. Birthplace S. America

16. Informant Nettie G. Roth

Address 308 - Beck Ave. Capitol Hgts, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 9th 1940 (month) (day) (year)

Cemetery or crematory Washington Nat'l

Location Prince Georges County, Md.

16. Funeral director W. W. Chambers Co.

Address 517 - 11th St. SE Wash. D.C.

19. 2-7 — 1940 (Date rec'd by registrar) Gene A. Conner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1940, at 7:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---19---, to ---19---, and that I last saw h---alive on ---19---.

Immediate cause of death	OURATION
Acute congestive heart failure	
Due to My disorders	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James J. Boyd M. D. or other
Address Forestville, Md. Date signed 2-7-40

FEB 12 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02200

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Prince George (WITHIN CORPORATE LIMITS OF) (55-C) Registration Dist. No. 24b

Village or City Mount Rainier. No. 3521 Bunker Hill Road. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Marguerite Ryan If U. S. Veteran, specify WAR

(a) Residence: No. 3521 Bunker Hill Rd. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Phillip Joseph Ryan

6. DATE OF BIRTH (month, day, and year) August 22, 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Feb. 1940

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) Washington, D. C. (State or country)

FATHER

13. NAME Harry Frederick Volkman

14. BIRTHPLACE (city or town) Washington, D.C. (State or country)

MOTHER

15. MAIDEN NAME Susann Benson

16. BIRTHPLACE (city or town) Butler, Penna. (State or country)

17. INFORMANT Phillip J. Ryan (Address) Mt. Rainier, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cemetery 2/13, 1940.

19. UNDERTAKER Wm. J. Malley (Address) 3200 R. I. Ave. Mt. Rainier, Md.

20. FILED Feb 15, 1940 Harry Kelly M.A. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February 11, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from September, 1938, to February 11, 1940

I last saw her alive on February 10, 1940; death is said to have occurred on the date stated above, at 2:45 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:

	Date of onset
Cancer of Thyroid Gland	1938

Other Contributory Causes of importance:

Name of operation Thyroidectomy Date of Nov. 1938

What test confirmed diegnosis? — Was there en eutopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was diseese or injury in any way related to occupation of deceesed? —

If so, specify

(Signed) Charles C. Hageage M. D.

(Address) Mount Rainier, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 5 1930 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

02201

Reg. Dist. No. 245

1. PLACE OF DEATH:
County Prince George Co.
City or town Hyattsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 2 Columbia ave.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince George
City or town Hyattsville, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2 Columbia ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Christian H. Schellhorn

3. (b) Social Security Number

4. Sex: Male.
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed.
6 (b) Name of husband or wife: Henrietta Schellhorn.
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Jan 14 - 1859.
8. AGE: Years 80. Months 1 Days — If less than one day ____ hrs. ____ min.
9. Birthplace: Leesburgh Va. (Town, county, and state)
10. Usual occupation: Florist
11. Industry or business
FATHER 12. Name: John Schellhorn
13. Birthplace: Germany.
MOTHER 14. Maiden name: Margaret Bear
15. Birthplace: Germany
16. Informant: Augusta E. Marche.
Address: 2 Columbia ave Hyattsville Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 17 1940 (month) (day) (year)
Cemetery or crematory: Prospect Hill
Location: Washington, D.C.
18. Funeral director: Geo W Wise Co Inc
Address: 2900 M st. Wash. D.C.
19. Feby 15 1940 Mrs. Jas. Levere Deputy Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 14 — 1940, at 2 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Feb 14 1940, and that I last saw him alive on Feb 14 1940.
Immediate cause of death: Cerebral haemorrhage (apoplexy).
Due to: General artio-sclerosis
Due to: unknown
Other conditions: none
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: "

DURATION: 45 days; many yrs

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Guy W. Bahmer M.D. M. D. or other
Address: 21 Spencer St Hyattsville Md Date signed 2/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02202

Reg. Diat. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town Riggs Rd. Hyattsville, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution:
Mother Jones Rest Home

Stay in hospital or inst. (yrs., or mos., or days) 2 1/2 yrs.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Baltimore County Md.

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alphonse A. Schutte

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 16, 1859

8. AGE:

Years	Months	Days	If less than one day
80	4	13	hrs. min.

8. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual occupation B & O Railway Emp. Retired

11. Industry or business

FATHER 12. Name Francis Schutte

13. Birthplace Unknown

MOTHER 14. Maiden name Maria A. Schaefer

15. Birthplace Unknown

16. Informant Mother Jones Rest Home Records

Address Riggs Rd. Hyatts. Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Baltimore Md 3-1-40

Location

18. Funeral director M. G. Huntemann

Address 5732 Ga. ave., N. W. Wash D.C.

19. Feby. 29 1940 (Date rec'd by registrar) Mrs. Jas. Devere Deputy Sec'y Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 28 1940, at 7:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 25 1940, to Feb 29 1940, and that I last saw him alive on Feb 28 1940.

	DURATION
Immediate cause of death Acute Coronary Thrombosis	2/28
Due to Myocarditis Chr.	2yrs
Due to Nephritis Chr.	?
Other conditions Prostatitis.	?

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Martin Keane M. D. or other

Address Cheverly, Md Date signed 2/29/40

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

02203

CERTIFICATE OF DEATH

Reg. Dist. No. 238

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Oxon Hill pr. Geo's Co.
City or town: (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Pr. Geo's Co.
City or town: Oxon Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary E. Shegogue

3. (b) Social Security Number: NONE

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	W.	married

6 (b) Name of husband or wife: James H. Shegogue — 6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): May 6 1869

8. AGE:

Years	Months	Days	If less than one day
70	8	25	____ hrs. ____ min.

9. Birthplace: Pr. Geos Co. Md. (Town, county, and state)
10. Usual occupation: House wife
11. Industry or business: —

FATHER
12. Name: James Phelps
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Mary Chaney
15. Birthplace: Maryland.

16. Informant: Mr. James H. Shegogue
Address: Oxon Hill Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 4 1940 (month) (day) (year)
Cemetery or crematory: St Barnabas Oxon Hill
Location: Maryland.

18. Funeral director: Thomas F. Murray
Address: 2007 Nichols ave S.E. Wash D.C.

19. Feb 1 1940 (Date rec'd by registrar) Harvey E. Myles Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 1 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1939 to Feb 1 1940, and that I last saw her alive on Feb 1 1940.

Immediate cause of death: Bronchopneumonia — DURATION

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: A. Schwartzman M. D. or other
Address: 2015 Nichols ave S.E. Date signed: 2-2-40

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83-a)

02204

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
County Pro Georges Co
City or town Cottage City Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 16 Hamilton st
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Pro Georges Co.
City or town Cottage City Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 16 Hamilton st
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William B. Shockey

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	widower

6 (b) Name of husband or wife Maggie E. Shockey
6(c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.) Dec 27, 1853

8. AGE: Years 86 yrs | Months ✓ | Days ✓ | If less than one day ___ hrs. ___ min.

9. Birthplace Va (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name unknown
13. Birthplace "
MOTHER 14. Maiden name Vest
15. Birthplace Va
16. Informant Hettie Turner
Address 16 Hamilton st. Cottage City Md
17. TRANSPORTATION Date thereof Feb 12, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Salem Cemetery Va
Location Salem Va.
18. Funeral director F Gasch's sons
Address Hyattsville Md
19. Feb-11 1940 F Mc Yorgke
(Date rec'd by registrar) LOCAL Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1940, at 9:15 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 8 1940, to Feb 10 1940, and that I last saw him alive on Feb 10 1940 1940.

Immediate cause of death Cerebral Hemorrhage — DURATION 2 days
Due to Hypertension — Few years
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Louis M. Jinal M.D. M. D. or other
Address Cottage City, Md Date signed 2-10-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02205

1. PLACE OF DEATH (740)

County Prince Geo Co Registration Dist. No. 939

Village or City Laurel No. St., Ward

WITHIN CORPORATE LIMITS OF

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foraign birth? yrs. mos. ds.

2. FULL NAME Miriam Sly If U. S. Veteran, specify WAR

(a) Residence: No. Laurel Md. Main St St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) April 1st 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7	10	24	

OCCUPATION

8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month end year) —

11. Total tima (years) spent in this occupation —

12. BIRTHPLACE (city or town) Md (State or country)

FATHER

13. NAME Silvert Slye

14. BIRTHPLACE (city or town) Va (State or country)

MOTHER

15. MAIDEN NAME Elvira Church

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Elvira Slye (Address) Laurel Maryland

18. BURIAL, CREMATION, OR REMOVAL Place W. Grove Howard Co Date Feb 27th, 1940

19. UNDERTAKER Lloyd Lauer (Address) Laurel Md.

20. FILED Feb - 26, 1940 Cora E. Wochter. Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 24 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1940 to Feb 24 1940, I last saw her alive on Feb 24, 1940; death is said to have occurred on the date stated above, at 12 20 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Myelocytic Leukemia	1/1/40
Other Contributory Causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Blood Count Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. M. Warren M. D.

(Address) Laurel Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02206

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince Georges
City or town Glenn Dale md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 1 yr 1 mos.
Stay in this community (yrs., or mos., or days) 2 mos 14 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State D.C. County
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1516 Swann ST. N.W
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Elbert Smith

3. (b) Social Security Number none given

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Single

B (b) Name of husband or wife Single

B(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 18, 1912

8. AGE: Years 27 | Months 10 | Days 14 | If less than one day ____ hrs. ____ min.

9. Birthplace Akron Ohio
(Town, county, and state)

10. Usual occupation Porter, Valet

11. Industry or business

FATHER
12. Name Wanza Smith
13. Birthplace unknown

MOTHER
14. Maiden name Daisy Smith
15. Birthplace unknown

16. Informant Deceased
Address 1516 - Swann ST. N.W

17. Removal (Burial, cremation, or removal. Which?) Date thereof 2-17-40 (month) (day) (year)

Cemetery or crematory
Location Washington D.C.

18. Funeral director John T. Rhines & Co.
Address 901 - 3rd St. S.W.

19. Feb 12 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 12th 1940, at 5 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 27th 1939, to Feby 12th 1940 and that I last saw him alive on Feby 12th 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	1 yr 2 mos
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Daniel Lee Finucane M.D.
M. D. or other
Address Glenn Dale Sanatorium Date signed 2/12/40
Glenn Dale, md.

RECEIVED
MAR 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02207

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Prince Georges — Registration Dist. No. 235

Village or City Forestville, Md — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred — yrs. 5 mos. — ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME

AVORY

Avory Edward Smoot — If U. S. Veteran, specify WAR —

(a) Residence: No. Benning D.C. RFD 1 St. — Ward —

(Usual place of abode) Forestville, Md — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Carrie Lee Smoot

6. DATE OF BIRTH (month, day, and year): Feb 21 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ——hrs. or ——min.
	62	—	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired Policeman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Washington D.C.

10. Date deceased last worked at this occupation (month and year): 1936 yrs

11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town) (State or country): Washington D.C.

FATHER

13. NAME: Edward Dade Smoot

14. BIRTHPLACE (city or town) (State or country): Virginia.

MOTHER

15. MAIDEN NAME: Mary Wm. Wannall

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

17. INFORMANT: C. P. Lancaster (Address) Benning D.C. RFD 1

18. BURIAL, CREMATION, OR REMOVAL

Place: Forestville Md. Date: Mar. 1, 1940

19. UNDERTAKER: J. Frank Murray (Address) 741 - 11th St SE

20. FILED 2-28, 1940 Thos. D. Griffith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Feb (Month) 28 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to Feb 28, 1940

I last saw him alive on Feb 27, 1940; death is said to have occurred on the date stated above, at 9:12 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/24/40
Other Contributory Causes of Importance: General Arteriosclerosis	Unknown

Name of operation: none — Date of: —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 19—

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) Paul A. Von Hatta M. D.

(Address) Benning D.C. RFD 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
MAR 8 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

182

02208

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges

City or town Takoma Park

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 511 - 2nd St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Takoma Park Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 511 - 2nd St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Gordon Sabacinn

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 13, 1940

8. AGE: Years | Months | Days 22 | If less than one day hrs. min.

9. Birthplace Takoma Park Md (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name John Subacinn

13. Birthplace Pennsylvania

MOTHER 14. Maiden name Rachel Marie Mulligan

15. Birthplace Maryland

16. Informant Rachel Subacinn

Address Takoma Park Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/4/40 (month) (day) (year)

Cemetery or crematory Meadowside Cemetery

Location Meadowside, Md

18. Funeral director Wm Reuben Pumphrey

Address Bethesda - Maryland

19. Feby 5 1940 Mrs. Jos. Severe Registrar

(Date rec'd by registrar) Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1940, at 8:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---19---, to ---19---, and that I last saw h---alive on ---19---.

Immediate cause of death	DURATION
asphyxia	
Due to Suffocation	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 2-4-40

Where did injury occur? Takoma Park Prince Georges Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) home

Was injury incurred at work? no

23. SIGNATURE James D. Boyd M. D. or other

Address Forestville Md Date signed 2-4-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02209

Reg. Dist. No. 243

1. PLACE OF DEATH:

County Prince Georges

City or town Glenn Dale

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glenn Dale Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 4 months 9 days

Stay in this community (yrs., or mos., or days) 4 months 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D.C. County

City or town Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3310 - 8th St. N.E.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Thomas Llewelyn Soper

3. (b) Social Security Number 577-10-3623

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 16, 1917

8. AGE: Years 22 | Months 6 | Days 2 | If less than one day ___ hrs. ___ min.

9. Birthplace Rockville, Maryland (Town, county, and state)

10. Usual occupation Clerk

11. Industry or business Unknown

FATHER

12. Name Carey C Soper

13. Birthplace Maryland

MOTHER

14. Maiden name Sarah Norris

15. Birthplace Vienna, Virginia

16. Informant Deceased

Address 3310 - 8th St. N.E. Washington, D.C.

17. Removal (Burial, cremation, or removal. Which?) Date thereof Feb. 18, 1940 (month) (day) (year)

Cemetery or crematory

Location Washington, D.C.

18. Funeral director The S.H. Hine Co

Address 2901 - 14th St. N.W., D.C.

19. Feb 18 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18 1940, at 1:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 9 1939, to Feb. 18 1940, and that I last saw him alive on Feb. 18 1940.

Immediate cause of death: Pulmonary Tuberculosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION: 2 yrs. 4 mos. from history

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Daniel Leo Pinncave M.D. M. D. or other

Address Glenn Dale Sanatorium Glenn Dale, Md. Date signed 2/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-a

02210

CERTIFICATE OF DEATH

Reg. Dist. No. 236

1. PLACE OF DEATH:
County Prince George
City or town Leeland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Geo.
City or town Leeland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Alice Elizabeth Sweeney.

3. (b) Social Security Number none.

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Samuel P. Sweeney
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.): June 9-1846.

8. AGE: Years 93 | Months 7 | Days 29 | If less than one day ___ hrs. ___ min.

9. Birthplace: Prince Geo. Co., Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business —

FATHER
12. Name: George T. Hardy
13. Birthplace: Prince Geo. Co., Md.

MOTHER
14. Maiden name: Eliza Swann
15. Birthplace: Prince Geo. Co., Md.

16. Informant: Mrs. Maggie E. Wells
Address: Leeland, Md. (Daughter)
17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/10-40. (month) (day) (year)
Cemetery or crematory: St. Barnabas
Location: Leeland, Md.
16. Funeral director: Ritchie Brothers
Address: Upper Marlboro, Md.
19. 2/10 1940 (Date rec'd by registrar) E. Pumphrey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 8 1940, at 5:50 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1935, to Feb 8 1940, and that I last saw her alive on Feb 8 1940.

Immediate cause of death: Cardio-vascular renal disease — DURATION: 5 year
Due to
Due to
Other conditions: Pulmonary edema — 2 days
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Beverly Lasscer M. D. or other
Address: Upper Marlboro Md. Date signed 2/9/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 12 1940
BUREAU V. S.

02211

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131-L)

1. PLACE OF DEATH

County Pr. Geos. Registration Dist. No. 240

Village or City Cedarville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Amy Frances Thornburg If U. S. Veteran, specify WAR

(a) Residence: No. Cedarville Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clarence E. Thornburg

6. DATE OF BIRTH (month, day, and year): Sept. 12, 1869

7. AGE: Years 70 Months 4 Days 28 If LESS than 1 day, 7 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housekeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month end year): Feb 1940

11. Total time (years) spent in this occupation: 50 yrs

12. BIRTHPLACE (city or town): Felicity (State or country): Ohio

FATHER

13. NAME: Samuel Kenzie Hardy

14. BIRTHPLACE (city or town): Shilo (State or country): Ohio

MOTHER

15. MAIDEN NAME: Mary Ellen Kennett

16. BIRTHPLACE (city or town): Bradford (State or country): Kentucky

17. INFORMANT: Roland Vassar (Address): Brandywine Md

18. BURIAL, CREMATION, OR REMOVAL Place: Baden Md Date: Feb 13, 1940

19. UNDERTAKER (Address): Hunt & Reeves Waldorf Md.

20. FILED: Feb. 11, 1940 F H Billingsley local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 10th (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from Feb 8th, 1940, to Feb 10th, 1940

I last saw her alive on Feb 8th, 1940; death is said to have occurred on the date stated above, at 4-15 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Chronic Interstitial Mephitis

Date of onset

Other Contributory Causes of Importance: Dilated heart

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) V M Bowen M. D.

(Address) Aquasco Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95d)

02212

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town Hyattsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: #10 University Drive

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Hyattsville Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 10 University Drive (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret Elizabeth Timmons

3. (b) Social Security Number none

4. Sex: Female | 5. Color or race: white | 6.(a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: George Timmons

6(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): Sept. 4, 1857

8. AGE: Years: 82 | Months: 5 | Days: 10 | If less than one day: ____ hrs. ____ min.

8. Birthplace: Missouri (Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER 12. Name: ? Burch

FATHER 13. Birthplace: unknown

MOTHER 14. Maiden name: unknown

MOTHER 15. Birthplace: unknown

18. Informant: Harry P. Malicoat

Address: 10 University Drive - Hyattsville

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 17 1940 (month) (day) (year)

Cemetery or crematory: Washington Memorial Park

Location: Riggs Rd - Md.

18. Funeral director: W. W. Chambers Co.

Address: Riverdale Md.

19. Feb. 16 1940 (Date rec'd by registrar) Mrs. Jas. Severe Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 14 1940, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 3 1940 to Feb 14 1940; and that I last saw h alive on Feb 14 1940.

	DURATION
Immediate cause of death: Acute Cardiac Dilatation	2 1/4
Due to: Chr. Myo carditis	?
Due to:	
Other conditions: Influenza. Apoplexy (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Martin Keane M. D. or other

Address: Riverdale Md Date signed 2.14.40

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02213

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Prince Georges

City or town College City

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Unknown County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Unknown

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife ~~Unknown~~ None

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-22-40

8. AGE: Years	Months	Days	If less than one day
Premature	5	fetus	hrs. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden name Unknown

15. Birthplace

16. Informant None

Address

17. Burial Date thereof 2-26-40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Brookside

Location Bladensburg, Md.

18. Funeral director F. Gaschi's Sons.

Address Hyattsville, Md.

19. Feb. 26 1940 J. Wm. Wright

(Date rec'd by registrar) LOCAL Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-22 1940, at 7 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death	DURATION
Prematurity	
Due to fetus 10½ inches long	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James J. Boyd M. D. or other

Address Forestville Md. Date signed 2-22-40

(over)

This petun was found partially buried in a sand bar on eastern branch of the Anacostia river by two boys who were hunting

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02214

Reg. Dist. No. 243

1. PLACE OF DEATH:

County: Prince George

City or town: Glenn Dale (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): 5 mos.

Stay in this community (yrs., or mos., or days): 5 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: District of County: Columbia

City or town: Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1506 - 13th st., N.W. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Jasper Wamble

3. (b) Social Security Number: 577-12579

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of ~~husband or~~ wife: Cecelia Briscoe Wamble

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct. 9, 1912

8. AGE:

Years	Months	Days	If less than one day
27	4	17	— hrs. — min.

9. Birthplace: Cameron, N.C. (Town, county, and state)

10. Usual occupation: Cook

11. Industry or business: —

FATHER
12. Name: Carey Wamble
13. Birthplace: Cameron, N.C.

MOTHER
14. Maiden name: Ella Blue
15. Birthplace: Cameron, N.C.

16. Informant: deceased

Address: above

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 2/29/40 (month) (day) (year)

Cemetery or crematory: Lincoln Memorial

Location: Suitland, Md.

18. Funeral director: H. Ernest Lewis

Address: 1432 Nor. Sh. N.W.

19. Feb 26, 1940 (Date rec'd by registrar) Leo V. Schneider M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 26 1940, at 8 30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 26 1939, to Feb. 26 1940, and that I last saw him alive on Feb. 26 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	About 6 mos
Due to	
Due to	
Other conditions: Syphilis	unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: Pulmonary Tuberculosis

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Daniel Leo Finucane M.D. M. D. or other

Address: Glenn Dale Sanatorium Date signed: 2/26/40

Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (190)

02215

CERTIFICATE OF DEATH

Reg. Dist. No. 230

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Prince George's
City or town Annandale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Transient

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Missouri County
City or town St Louis Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rurel give LOCATION)
2(a) IF VETERAN, NAME WAR

3.(a) FULL NAME Harry Wasoche

3.(b) Social Security Number 131-09-5417 (Rus.) → obtain number.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1879

8. AGE:

Years	Months	Days	If less than one day
60	10	15	hrs. min.

9. Birthplace Missouri (Town, county, and state)
10. Usual occupation Ships Carpenter
11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden name "
15. Birthplace "

16. Informant N. Y. City Police
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-28-40 (month) (day) (year)
Cemetery or crematory Evergreen Cemetery
Location Bladensburg Md.

18. Funeral director F. Gasch's Sons.
Address Hyattsville, Md.

19. Feb. 28 1940 (Date rec'd by registrar) John D. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death	DURATION
Exposure to cold.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Accident Date of —
Where did injury occur? Annandale Prince George's Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) In woods.
Means of injury Injured at work? No

23. SIGNATURE James D. Bond M. D. or other
Address Forestville Md Date signed 2-28-40

RECEIVED
MAR 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02216

83-a

1. PLACE OF DEATH

County Prince Georges Co Registration Dist. No. 240

Village or City Seamood Pk Md No. 1119-Zion St St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of rasidance in city or town whera daath occurred 7 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lottie Rebecca Watkins

(a) Residence: No. 1119-Zion St St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Widow

5a. If married, widowad, or divorced (or) WIFE of ~~HUSBAND of~~ George Walter Watkins

6. DATE OF BIRTH (month, day, and yeer) Nov 3, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	3	6	

OCCUPATION

8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Homemaker

9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. Retired

10. Date deceased last workad at this occupation (month and year) 15 yrs

11. Totel tima (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Washington DC

FATHER

13. NAME Daniel Hill

14. BIRTHPLACE (city or town) (Stete or country) Maryland

MOTHER

15. MAIDEN NAME Louise Johnson

16. BIRTHPLACE (city or town) (Stata or country) Maryland

17. INFORMANT Mrs Beulah Butler (Address) 1119-Zion St Seamood Pk Md

18. BURIAL, CREMATION, OR REMOVAL Place Mayflower Funl Dir Date Feb 13 1940

19. UNDERTAKER (Address)

20. FILED 2-11 1940 Beh. C. Conner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb 9 (Month) (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceasad from Jan 16 1940 to Feb 9 1940

I last saw her alive on Feb 9 1940; death is said to have occurred on the date stated above, at m.

The **PRINCIPAL CAUSE OF DEATH** and relatad causes of importanca ware as follows:

	Date of onset
Hemiplegia (left)	1/16/40
Othar **Contributory Causes** of Importance:	
Cerebral Hemorhage	1/16/40

Neme of operation None Oate of

What test confirmad diagnosis? None Was there an autopsy?

23. If daeth was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? Oate of injury , 19

Whare did injury occur? (Specify city or town, county and State)

Specify whethar injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disaasa or injury in any way ralatad to occupation of dacaased? No

If so, specify

(Signed) R A Easter M. D.

(Address) 1127-4 8th Ave N Washington

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02217

Reg. Dist. No. 239

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:
County Prince George
City or town Laurel Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 207 - 10th St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 66 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County A. A. County
City or town Laurel (Rural) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Andrew Whitehead

3. (b) Social Security Number

4. Sex: Male
5. Color or race: W.
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) Jan 25. 1874
8. AGE: Years 66 | Months 0 | Days 25 | If less than one day ____ hrs. ____ min.
9. Birthplace A. A. County (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Farm
FATHER 12. Name Edward Whitehead
13. Birthplace A. A. County Md.
MOTHER 14. Maiden name Susan Barry
15. Birthplace Md.
16. Informant Henry Whitehead
Address 415 Main St Laurel Md.
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Feb. 18, 1940 (month) (day) (year)
Cemetery or ~~crematory~~ Foy Hill
Location Laurel Md.
18. Funeral director Wm Wills Donaldson
Address Laurel Md.
19. Feb 18 1940 (Date rec'd by registrar) M. Brashears Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16 1940, at 8 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 30 1940, to Feb 16 1940, and that I last saw him alive on Feb 16 1940.

Immediate cause of death	DURATION
Grippe	2 wk
Embolism in left arm	10 days
Due to Auto nephritis	3 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE Robert S McEnery M.D. M.D. or other
Address Laurel Md. Date signed 2/17/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 2 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164C)

02218

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince Georges

City or town South Cheverly (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Pruitt St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town South Cheverly Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Pruitt St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Worlds War.

3. (a) FULL NAME George T. Williams

3. (b) Social Security Number 577-01-3321

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Minnie L. Williams

6(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Dec 9, 1876

8. AGE: Years 63 | Months 2 | Days 5 | If less than one day ___ hrs. ___ min.

8. Birthplace Kentucky (Town, county, and state)

10. Usual occupation Service Man Telephone Co.

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant James W Hall

Address South Cheverly

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 17, 1940 (month) (day) (year)

Cemetery or crematory Arlington National Cemetery

Location Arlington Va

18. Funeral director F. Gasch's Sons

Address Hyattsville Md

19. Feb. 14 1940 (Date rec'd by registrar) G. Wm Hough Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1940, at 7:15 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death: Gunshot wound through head.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 2-14-40

Where did injury occur? South Cheverly (City or town) Pr Geo (County) Md (State)

Injured at home, farm, industry, public place (where?) home

Means of injury Gunshot Injured at work? no

23. SIGNATURE James T Boyd M. D. or other

Address Forestville Md Date signed 2-14-40

MAR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

02219

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County: Prince Geo

City or town: Brandywine Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Waldorf Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Charles H Willett

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
65			hrs. min.

9. Birthplace: White Plains Md (Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business

FATHER — 12. Name: Geo N Willett

FATHER — 13. Birthplace: White Plains Md

MOTHER — 14. Maiden name: Sallie Mc Daniel

MOTHER — 15. Birthplace: White Plains Md

16. Informant: Jetsom E Willett

Address: Waldorf Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory: Ground

Location: Waldorf Md

18. Funeral director: Hunt & Ryan

Address: Waldorf Md

19. 2/23 1940 F.H. Billingsley

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 21 1940 at 2 P M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Feb. 21 1940 to Feb. 21 1940

and that I last saw him alive on Feb 21 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 day
Due to Arteria Sclerosis (Indefinite)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John E. Powers M.D. M. D. or other

Address: Brandywine Date signed 2-21-40

RECEIVED
MAR 2 1940
BUREAU V. S.

02220

STATE OF MARYLAND—CERTIFICATE OF DEATH

(45d)

1. PLACE OF DEATH

County Prince George Registration Dist. No. 235

Village or City Meadows Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Francis Wilson If U. S. Veteran, specify WAR

(a) Residence: No. Upper Marlboro R#1 St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: Negro Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Josephine Wilson

6. DATE OF BIRTH (month, day, and year) Dec 9, 1876

7. AGE: Years 63 | Months 2 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Maryland State Road

10. Date deceased last worked at this occupation (month and year) Oct 1939

11. Total time (years) spent in this occupation 9 yrs

12. BIRTHPLACE (city or town) (State or country) Croome Md

FATHER

13. NAME Osborn Wilson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret (unknown)

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Josephine Wilson Upper Marlboro R#1

18. BURIAL, CREMATION, OR REMOVAL

Place Or. Geo. Co. Date Mar. 2, 1940

19. UNDERTAKER (Address) [illegible] Annapolis

20. FILED 3-1-, 1940 Thos. D. Griffith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 28 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1939, to Feb 28, 1940

I last saw him alive on Feb 27, 1940; death is said to have occurred on the date stated above, at 8 45 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of Night Maxillary area beginning about area of Canine tooth or gum.

Date of onset: about Oct 1st 1939

Other Contributory Causes of importance:

General Arteriosclerosis

Unknown

Name of operation none Date of

What test confirmed diagnosis? Section Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following: no

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Paul C Van Natta M. D.

(Address) Bennings D.C. R#1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
MAR 29 1930
BUREAU OF

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02221

Reg. Dist. No. 213

1. PLACE OF DEATH: Prince George
County
City or town Glenn Dale Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Dale Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 1 yr 5 mos
Stay in this community (yrs., or mos., or days) 15 yrs in DC

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Dist. of Columbia County —
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1228 Carrollburg Pl. SW
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Marvin Wood

3. (b) Social Security Number 578-12-3402-Ross ~~None given~~

4. Sex: Male
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Married Separated
B (b) Name of husband or wife: Hazel Wood
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Feby 14th 1908
8. AGE: Years 31 | Months 11 | Days 17 | If less than one day ____ hrs. ____ min.
9. Birthplace: Norfolk Virginia (Town, county, and state)
10. Usual occupation: Barber
11. Industry or business
FATHER 12. Name: Chas Wood
13. Birthplace: N.C
MOTHER 14. Maiden name: Ada Branch
15. Birthplace: N.C
16. Informant: Deceased
Address: 1228 Carrollburg Pl SW
17. Removal (Burial, cremation, or removal. Which?) Date thereof 2/3/40 (month) (day) (year)
Cemetery or crematory
Location: Washington DC
18. Funeral director: Frank L. Smith
Address: 1201 Caroline St. Park Va.
19. Feb 3rd 1940 (Date rec'd by registrar) Leo V. [illegible] M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby - 1st 1940, at 5 20 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 29th 1938, to Feby 1st 1940, and that I last saw him alive on Feby 1st 1940.
Immediate cause of death: Pulmonary Tuberculosis — DURATION 1 yr 5 mos
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE Daniel Leo Finucane M.D. M. D. or other
Address Glenn Dale Sanatorium Date signed
Glenn Dale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

FEB 12 1940
BUREAU V. S.

02222

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(108)

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
County Pr Geo
City or town Riverdale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 310 Balto Blvd
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Pr Geo
City or town Riverdale Ward No. 19
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 310 Balto Blvd
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ella C. Yarbrough

3. (b) Social Security Number none

4. Sex Fe
5. Color or race Wh
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife James Yarbrough
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 16 1890
8. AGE: Years 50 yrs Months — Days 28 If less than one day hrs. min.
9. Birthplace Balto Md (Town, county, and state)
10. Usual occupation Govt Employee
11. Industry or business Agriculture Dept
FATHER 12. Name Geo James Chauncey
13. Birthplace Md
MOTHER 14. Maiden name Fannie A. Nelson
15. Birthplace Md
16. Informant B Harris Chauncey
Address 312 Buckhannan st, Riverdale
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 17, 1940 (month) (day) (year) Md
Cemetery or crematory Fort Lincoln
Location Maryland
18. Funeral director L Gasch's Sons
Address Hyattsville Md
19. Feby 17 1940 Mrs. Jas. Severe Deputy Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1940 19 11 30 pm M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to Feb 14 1940, and that I last saw h w alive on Feb 14 1940.

Immediate cause of death Acute Cardiac Dilatation — DURATION Feb 14
Due to Myocarditis. Acute
Due to Pneumonia Lobar. — Jan 2.
Other conditions Rheumatic Fever. — ?
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Martin Keane M. D. or other
Address Riverdale Md Date signed Feb 15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15